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Original Lectures.

LECTURES ON NEW REMEDIES AND THEIR THERAPEUTICAL APPLICATIONS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.

By SAMUEL R. PERCY, M.D.,
PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE I.

IODIDE OF IRON.

GENTLEMEN:—It is not known how long iron has been used in medicine, but the Greeks, who had the vanity to claim every good invention or application as their own, seem to have discovered the use of iron in medicine; but they must first procure for it the sanction of some deity; in this instance the deity personated a vulture—a fit emblem of the ravenous propensities of their priest-doctors.

It is said that a shepherd, who professed to be possessed of supernatural powers (a kind of ancient clairvoyant), was appealed to by a young prince for a remedy to relieve him of impotence. This young prince, Iphicles, the son of Philacus, was unable to perform his marital duties. In this state of things the sages were right in inducing him to pay a solitary visit to his uncle. While from home, enjoying the bracing air of the hills, and practising forced abstinence, he met the shepherd Melampus, who for his benefit slaughtered two bulls. The intestines of these two bulls were cut in pieces so as to entice the birds to an augury. Among those which came to the feast of these delicate and savory morsels, was a vulture, which in payment for the feast informed Melampus that the young prince Iphicles had, when a boy, stuck a knife, wet with the blood of some rams, into a consecrated chestnut tree. The bark of the tree had subsequently grown over the knife and inclosed it. The vulture disclosed the place where it was hidden, and directed that the rust should be scraped off, and put into wine; this was to be drunk for ten days (of course under the usual close sacerdotal watchings), in which time he would recover from his impotence, and be capable of begetting children. The advice thus given to young Iphicles was followed with perfect success.

Let us turn to the special consideration of the iodide of iron. Dr. A. T. Thomson of London first brought this substance before the profession in a pamphlet written in 1834, entitled "Observations on the Preparation and Medicinal Employment of the Ioduret and Hydriodate of Iron." But it was used previously by Dr. Parquin in 1824, and by Prof. S. Jackson in 1832.

There are various official formulæ for the preparation of this substance, all of which aim to its preparation with the least possible exposure to the air. In preference to any of them, I will give you the one I have been in the habit of using since the autumn of 1838, as it differs a little in the manipulations from those usually employed. This substance is always best when freshly prepared, and it is well, therefore, to make but a small quantity at any one time.

Introduce into a Florence flask $\frac{3}{4}$ iv. of distilled water, and 3 vj. of clean iron turnings, and add gradually iodine in quantity of about 3 j. at a time, until 3 ij. of iodine have been introduced. A new portion of iodine should not be added until the previous one has entered into combination, for if too much iodine is added, the action is too energetic, great heat is evolved, and vapor of iodine is given off in abundance. After all of the iodine is added, the solution remains for a time of a dark brown color, but by agitation changes to a deep green. It should then be boiled for some minutes, and filtered, while hot, into a clean Florence flask. It is desirable to filter quickly, and partly for this object, and partly to avoid decomposition, I have always used four small iron rods between the funnel and

the filtering paper. These rods are suspended in the funnel by being bent at the upper end, and thus are supported by the edge of the funnel. Care is required in pouring the hot solution into the paper filter, lest it be broken. It should be conducted by means of an iron rod upon the upper portion of the filter. After it is all filtered into the clean flask, a rod of iron wire is suspended, by being bent at the extremity, from the top of the flask, but it should be too short to touch the bottom. The solution is now allowed to boil slowly until it begins to assume a dark appearance, when it requires to be constantly agitated. With the wire small portions of it can be frequently tried, on a cold piece of glass, or porcelain, and when it is found to crystallize properly the whole may be poured out upon a clean iron or porcelain slab. As soon as it is cold it should be broken up, and put into closely stoppered bottles. It is in greenish-black tabular crystals, which are very deliquescent in the air, and soon decompose into sesquioxide of iron and free iodine.

By this formula I have prepared large quantities, and with uniform success. The evaporation is not conducted so quickly in a Florence flask as it would be in an iron or porcelain dish, but it is not acted on so much by the air, and this more than compensates for the time lost. Unless I wish to obtain it in thin flat cakes, so as to be easily broken and put in small bottles, I generally allow the evaporation to be perfectly completed, and then permit the salt to cool and crystallize in the flask. The flask is then broken, and the mass put away in large-mouthed stoppered bottles. Where you wish to have a mass of uniform size and appearance, to put in small bottles, and to look well, you had better pour the salt out upon the slab; but if you wish it for use only, and are regardless of uniformity of size and appearance, it is better to allow the cooling and crystallization to take place in the flask. Even by the best processes, it is difficult to obtain this salt perfectly pure, as it so readily unites with oxygen, and by this means becomes contaminated with the sesquioxide of iron. Some endeavor to prevent the change by evaporating the solution in iron dishes, and in a hot air press.

Iodide of iron is a greenish black crystalline substance, of an unpleasant, styptic, and pungent chalybeate taste. It is exceedingly deliquescent, and soon decomposes upon exposure to the air. If exposed to a high temperature, violet-colored fumes of iodine are given off, and sesquioxide of iron is left behind. When recently prepared, it is wholly soluble in both water and alcohol, and the solution at first is of a pale green color, but it soon becomes turbid, growing more so every hour, and a brownish deposit of iron gradually increases in quantity. If the solution is strong, it becomes an orange red, owing to the presence of free iodine. As the iron separates it is at first a protoxide, but it rapidly becomes a sesquioxide from the absorption of oxygen; hydriodic acid is set free, and the solution is found to be acid, but by the action of air and light this soon changes into iodine.

When the iodide of iron was used in solution various plans were adopted to prevent the rapid decomposition, the most frequent of which was the suspension in various ways and forms of iron in the solution; but these were not sufficient to prevent the change. It was very difficult to form it into pills, for the least moisture made them so deliquescent that they became moist, friable, and either softened down into a wet mass, or broke up into small pieces. Besides, when freshly made and administered at once, they were apt to cause derangement and irritability of the stomach.

If administered in the fluid form it had to be made fresh very frequently, and its taste was harsh, styptic, and unpleasant, and it was difficult to administer it to children. Independent also of its easy decomposition by the air, it was most rapidly decomposed by any substance that was incompatible with sulphate of iron; it was also incompatible with the alkalies and their carbonates, and other substances with which physicians wished sometimes to associate it.

The dry salt is composed of

One eq. Iron	28 or 18.2	per cent.
One eq. Iodine	126 or 81.8	"
	154	100.0.

After the introduction of this substance it was used very extensively, and in spite of its many disadvantages it was found to be a most valuable remedy. But as it decomposed so quickly, its administration was both tedious and difficult, and it frequently occasioned, when taken in pills, great irritability of the stomach. All physicians acknowledged its great utility, and expressed the necessity of some means being adopted to make it a stable and unchangeable substance. In the early part of November, 1838, my brother had a patient to whom he was administering this substance in solution. As it so rapidly decomposed I prepared it from the salt, fresh every day, and on one of these occasions, thinking to make an improvement in the taste, I filtered it into a thick syrup. It was brought back, because it differed so much in appearance from any that had been before made. Instead of a muddy solution containing a deposit of sesquioxide of iron, which was constantly increasing in quantity, I found a solution as clear and transparent as when I made it. It was carefully put aside with the cork left out of the bottle until the next day, and was then still found clear, transparent, and unchanged. Here then was the desideratum sought for. But I asked myself the question, why is it not decomposed? It was evident to me that the syrup protected it from oxidation by the atmosphere. Following these deductions I the same day made for the first time the *Syrupus Ferri Iodidi* from a newly prepared solution of iodine and iron, and filtered while hot directly upon sufficient sugar to make a thick syrup. This sample was shown at once to Professor Torrey, and exhibited by him to his class. From this time it was extensively employed by physicians with whom I was acquainted, and my own preparation was soon used in great quantities, in the New York Eye and Ear Infirmary.

In 1839, Mr. Frederking, of Riga, made the same discovery, and published it in Buckner's *Repertorium*; Wackenroder, and Kerner and others, published articles upon it in the German journals soon after Frederking's first publication. In 1840, Professor Proctor published an able article upon it in the *American Journal of Pharmacy*. M. Dupasquier, of Lyons, claims to have discovered it the same year that I did, 1838, and although neither he nor I published it, we did not keep it secret, but did all we could, through our private influence, to make it known, and to us simultaneously (he in Lyons, I in New York) is due the credit of first preparing it. I can prove my claim to the discovery of this important article, and I have always upheld it, but I have never quarrelled over it; I have but rejoiced that a substance next in importance to iodine itself, is now within the reach and use of all.

SYRUPUS FERRI IODIDI.

Each of the Pharmacopœias has a formula for the preparation of this article; but they all vary in the amount of the iodide contained in a given quantity. I will describe to you the formula by which I first prepared it, and then show you wherein it differs in strength from the U. S. formula.

Into a Florence flask I put about 4 oz. of distilled water, and 1½ oz. of clean iron turnings. Iodine was then added in small quantities at a time, until 1309 grains (2 oz. 5 drs. 49 grs.) were introduced. When the action between the iodine and iron had ceased, the solution was brought to the boiling point, and maintained at that point for a few minutes. Then, by the same arrangements of the funnel, as described to you a few minutes ago, the fluid was filtered into a bottle containing 2 lbs. (troy) of sugar, and boiling distilled water added until the whole measured 1 quart 10½ drachms—16,000 minims. While filtering was pro-

gressing, the bottle, which was a graduated one, and kept for this purpose, stood in boiling water, and it was frequently shaken to dissolve the sugar. A spiral coil of wire reaching from the bottom to the top, was left in the bottle, or into one into which the syrup was transferred. You will, by calculation, observe that every minim of the syrup contained 1/10th grain of iodide of iron, and that the quantity being in decimals was easily calculated. By my formula there were 6 grains of iodide to f. 3j.; by the U. S. formula 7½ grs., and by the British, 5 grains to the f. 3j. My formula is certainly the most convenient, as the quantity of iodide in any given quantity is so easily calculated by decimals, there being 10 grs. in every 100 minims. The formulæ, in other respects, differ only in the minor manipulations, and in the quantity of sugar employed, which is not large enough in any of them. The name in the U. S. Dispensatory is given as *Liquor Ferri Iodidi*; this is a change I do not like, and it is not as appropriate as that of *Syrup*, which is used by the British colleges.

A great deal of the syrup of the iodide of iron that is made, decomposes very quickly, and a layer of more or less thickness and dark color is seen upon the top. This is generally owing to some fault in the preparation, frequently, I think, from not being boiled, or brought near to the boiling temperature, or it may be produced by adding cold water instead of boiling water, to make up the quantity required by measure. Cold water always contains some atmospheric air, which is driven off by boiling. I have had many samples shown to me that were colored and decomposed, which were restored, if boiled with a coil of wire in the syrup; they kept well afterwards. I always stand the bottle for some time in boiling water, or boil the syrup, and it keeps better for so doing.

When freshly made, the syrup has a greenish tinge, but it loses the green color by age. A peculiar change in the color takes place, if a bottle full of it stands in the sun's rays; however closely corked or sealed it may be, it loses its color, becoming white and more transparent. If desirable to give this in pillular form, a syrup of double or four times the strength of that just mentioned, may be made, and may be evaporated down and made into pills, or put into the double gelatine capsules. I know of no adulteration of this article, the only fraud practised is in making it weaker than the official strength. This may be detected by decomposing and collecting and weighing both the iodine and the sesquioxide of iron.

Large doses of iodide of iron have been administered to animals, and vomiting and purging have been produced, with congestion of the stomach and almost decomposition of its lining membrane. In small and diluted doses it seemed to act as a tonic.

Therapeutic Uses.—The syrup of the iodide of iron possesses in a marked degree the constitutional effects of both the iodine and the iron, and it presents to the digestive organs a mild and soluble compound of the two metals. Its principal action is as a tonic and alterative. It is more used in the diseases of children than in those of adults. The scrofulous diseases of children, which are always accompanied with an anæmic condition of the system, are more successfully treated with this article than with any other in the *Materia Medica*. It would be impossible for me in one lecture to describe to you the various forms of scrofulous disease with which children are troubled, but they nearly all depend upon a morbid material existing in the system; a full pathological description of which you will learn elsewhere. The iodide of iron exerts a special action on the blood, by virtue of which it is enabled to counteract the morbid action of scrofula, and to stimulate the functions of absorption to remove the diseased material from the system. Under its proper use the digestion is improved, and the appetite increased; and it acts as a tonic by improving the quality of the blood. It is less astringent than most of the other soluble preparations of iron, and is in large doses quite laxative in its effects. From numerous experiments that have been made, it appears that it suffers

decomposition in the system, the iodine appearing in the urine. Thomson says that, unless it is taken in large doses both metals do not appear in the urine, and that in small doses the iodine is passed off by the kidneys and the iron is retained. Quevenne, from a number of experiments, makes the same observation. These do not agree entirely with my own observations. I have found, that when the syrup is judiciously given in small doses of one to three drops to scrofulous and anæmic children, it can be tolerated for a long time, and will continue to be of great benefit for several weeks, without the necessity of suspending its use for a day. Children with this small dose repeated three or four times a day will improve rapidly and steadily, when they will not do so well if the dose is increased. In the one instance the iron is all taken up in the system, and only passed off in the usual metamorphosis of tissue, and the iodine exerts its peculiar alterative action upon the glandular absorbents, but in the other instance the salt is presented in larger quantities than are required for immediate metamorphoses, and it is passed off to some extent undecomposed and irritates both stomach and kidneys. In proper medicinal doses we seldom find the iron in the urine, the iodine in small quantities will appear there but for a length of time, the iron is all retained in the system, and as the system becomes saturated with it, it is first discovered in the fæces. Iron as a rule, is passed off in the fæces not in the urine. I generally find that in these anæmic cases the iodide does good, so long as the iron is retained in the system and the iodine is liberated, but so soon as the salt appears in the fæces the vegetable tonics will be of more service. The decomposed salt may sometimes be found in the fæces. In these instances the excrements will be colored with protosulphuret of iron, but iodine will be recognised in spots of a blue color, combined with some starchy elements of the food. These blue spots I have occasionally seen quite numerous in the fæces of children recovering from *tabes mesenterica*. As I have before said, these scrofulous anæmic patients will frequently take the syrup of the iodide of iron for weeks together with great benefit, even in the small doses of two or three drops. If you will examine the fæces of these patients daily they will be found either of a diseased or natural color, but they will show no trace of iron, but by degrees slight discolorations of iron will be seen, and as the medicine is continued the whole mass of fæces is stained of a bluish black color, indicating the presence of iron through the whole mass. The iron as here found is a protosulphuret (FeS). If large doses are administered this will be seen quite early, but the color is in streaks, not uniform throughout the whole. When then I find that with minute doses the fæces become permanently colored, I suspend the use of the iodide for a while, and give some other tonic or alterative, and return again to the iodide in a short time. I thus avoid the irritant effects of the iodide. We see then, as I before said, that the iron preparations mainly pass from the system through the bowels, whereas the iodine passes off by the kidneys, and this I have proved at such times, when the system becomes saturated by small doses of both combined, by finding traces of iodine in the urine, but no iron in appreciable quantities; but iron is found in the fæces in recognisable quantities. There is another proof of the decomposition of iodide of iron in the system. When administered in full medicinal doses, either in pills or in capsules, so that it has no action on the system, until the pills or capsules are dissolved in the stomach, the iodine may be found in the saliva and the iron in the fæces.

Iodide of iron is used to a very large extent in scrofulous complaints, and by its use thousands of children are annually saved. A great majority of the children who live in the crowded, unventilated, and dark tenement houses of our city would be benefited by daily doses of this syrup, for they are troubled with tubercular deposits in the mesenteric and other glands; and it is not until they grow old enough or bold enough to throw off parental authority,

and roam the streets with the almost certainty of becoming morally diseased, that they throw off this scrofulous diathesis. In nearly every form of scrofulous disease, the syrup of the iodide of iron will be found of great service, for in all of these diseases you find glandular enlargements which are benefited by iodine, and anæmia which is relieved by iron. I have treated children with tubercular enlargement of the mesenteric glands with this remedy alone, when at first sight a cure would seem to be almost impossible, and when a change of air and diet could not be provided. In diseases of this description, I prefer, if possible, to give the remedy in small and very frequently repeated doses, as one drop every hour while the child is awake. Other preparations of iron are frequently administered with benefit, in larger doses, as they produce other effects than that of a hæmætic; but the iron in this preparation has no astringent or absorbent effects, and is a hæmætic only. The iodine is alterative, diuretic, absorbent,—in one word eliminative. With a compound possessing in a high degree a hæmætic and eliminative action, you cannot but perceive how extensive may be its range of application. It is said by many authors that it acts more like the preparation of iron than those of iodine; but this is not correct, for if administered in either large or small doses, the peculiar effects of the mild iodides are very noticeable. And as we have seen, when administered in large doses to animals it has caused death, not from the effects of the iron, but from the iodine.

It is one of our best remedies in chlorosis, and from the benefit derived from its use in this disease, it has been called an *emmenagogue*.

Like other preparations of iodine, it has been used in bronchocœle, and is serviceable when there is anæmia, but if anæmia is not present, the iodide of potassium is generally more serviceable. In scrofulous ophthalmia, or scrofulous diseases of the skin, especially in children, it is very largely used, and may here be administered in rather larger doses. One of the first effects of its administration is an increase of appetite, and an improvement of digestion; but if too long continued or given in too large doses, the appetite will be impaired. In several cases, where it has been given too long and in too large doses, I have seen loss of appetite, nausea, irritability of the stomach, diarrhœa, colicky pains, ringing in the ears, and headache.

Toxicological Effects.—I have read of no cases of poisoning by this article, and I have seen but one case where it produced anything like alarming symptoms. In this instance a little child about four years old swallowed about $\frac{3}{4}$ iss. at one time, immediately after eating. In about a quarter of an hour he complained of pain in the stomach, and after a while vomited. I saw the vomited matter, which was throughout of a bluish black color. The pulse was full and rapid, the eyes prominent and suffused, and the skin bathed with a clammy sweat; there was much retching, and a complaint of tenderness over the stomach, and headache. I gave about two drachms of hydrated sesquioxide of iron in a teacupful of water, and followed it with an emetic. It seemed quickly to allay the urgent symptoms. I then gave a full dose of opium. Before he slept he passed water in large quantities twice, but the next morning there was no secretion of urine. I then gave diluents freely, with liquor potassæ, and more opium. By the next morning he was quite well, having passed urine freely, and having had several free discharges from the bowels of a black color.

Administration.—If given in very small doses, it is well to administer it upon an empty stomach, as it is then more readily absorbed without change; but if given in full doses it is always borne better if given immediately after a meal. In these latter instances there is no doubt immediate decomposition of a portion at least of the medicine, the iodine uniting with the starchy portions of the food, and the iron combining with the vegetable astringents, or decomposed by hydrosulphuric acid gas. To what extent these are taken up in the further processes of digestion

and assimilation, may be ascertained by the examination of the urine and feces.

The dose usually administered is, to children, from one to ten drops three or four times a day, and to adults, from ten to sixty minims.

In my previous lectures I have given you the chemical composition, the pharmaceutical preparation, the therapeutic action and *modus operandi* of all the other preparations of iron; with this lecture we finish the consideration of iron and its compounds; of iodine we shall speak at another time.

Original Communications.

HYPERTROPHY AND DILATATION OF THE HEART.

INSUFFICIENCY OF THE AORTIC VALVES, AND MITRAL VALVE. DEATH FROM PULMONARY ENGORGEMENT.

By CHARLES A. LEE, M.D.

PROFESSOR OF MATERIA MEDICA.

J. B. W., *set.* 40, of active business habits, nervous-bilious temperament, weight about 135, had been subject to occasional paroxysms of palpitation, and dyspeptic symptoms, for several years. Some cough at times, but generally enjoyed a comfortable state of health. About two years ago began to complain of his heart. The impulse became very strong and violent on slight exertion, accompanied with a constant bellows murmur over the left ventricle, and synchronous with the first sound. There was a sense of exhaustion on slight exertion, with heaving of the chest at each contraction, etc. The most prominent symptoms were, shortness of breath, palpitations from slighter causes than usual, greater delicacy of general health, and a sallow cachectic appearance. These symptoms had gradually come on while employed in a business of great responsibility, and labor of body and mind, attended with much care and anxiety. After resorting to medical treatment in one of our western cities, where he resided for a year or more, without any benefit, and with a gradual increase of ill health, he sailed for England in July, 1860. On his arrival in London, he consulted Dr. Walshe, of London, who prescribed a belladonna plaster over the præcordial region, and a tablespoonful twice a day of the following mixture:—*B.* Acid hydrocyanic. dilut. (Ph. Lond.) \mathfrak{M} xxx.; *sodæ sesquicarb.* 3 ij.; *tinct. aurantii*, f. 3 iij.; *mist. camphoræ*, ad \mathfrak{v} j.; *mix.* W. H. W. Aug. 8, 1860. After remaining some time in England, under Dr. W.'s treatment, he visited Dublin, and consulted Dr. Stokes. He advised a sedative ointment over the region of the heart, and no medicine whatever—great attention to general health, food, drinks, exercise, etc. Under this treatment the patient seemed to improve considerably. In September he consulted M. Louis, in Paris. His diagnosis and advice were as follows (I give a translation of his opinion): "Strongly marked impulse at the level of the heart; bellows murmur with the first sound; nervous, respiratory r  le; liver laps over the ribs. *Advice.*—Above all, be careful about exercise, and avoid all useless exertion; walk slowly; avoid as much as possible all cause for taking cold, in draughts of air, or exposure to wet or cold; always keep the feet dry and warm. Take a natural alkaline water, the *Vichy* for example, at meals, pure, or mixed with a little wine, as Bordeaux, etc. Keep the bowels free, and take a light purgative once every eight days. Light diet, of which vegetables and white meat should constitute the principal part; avoid liquors, pure wines, and hot drinks. Avoid animated discussions, strong moral impressions, and large meetings—above all, dancing parties, in which the temperature is always bad. The *Vichy* water can also be taken between meals, half a bottle to one bottle daily; a moderate bleeding would be proper, if the difficulty of respiration is considerable."

After following this advice for a few weeks, without

much benefit, Mr. W. concluded to consult M. Trousseau, which he did on October 20, 1860. Dr. T. gave the following diagnosis (translation):—

"In the case of Mr. W. the following lesions are apparent. The heart is considerably hypertrophied, and the cardiac impulse is very strong. On applying the stethoscope over the apex of the heart, we discover a rough blowing murmur (*bruit de souff  le rude*), with the first sound a bellows murmur, with a friction sound over the whole heart, and especially at the base of the heart during the second sound, which is propagated in the direction of the aorta upwards. The arterial pulsations are very energetic, and on applying the stethoscope over the humeral artery, we perceive with each stroke of the heart a simple blowing murmur.

"In my judgment, the consultant is laboring under hypertrophy of the heart, with insufficiency of the mitral valve, chronic pericarditis, contraction, with insufficiency of the ventriculo-aortic valve of the left side. At the present time there is no swelling of the extremities.

"*Treatment.*—For ten days in succession each month, let the patient take every day one to three tablespoonfuls of the wine prepared as follows:—*B.* *Vini albi gallici* (*champanne*), \mathfrak{z} xxiv.; *baccarum juniperi*, \mathfrak{z} ij.; *digitalis purp.* 3 ij.; *sem. colchici ant.* \mathfrak{z} j.; *scill  e maritim  e*, 3 j.; *acetatis potass  e*, 3 \mathfrak{v} j. Digest for four days, and filter.

"2. The ten following days, take, morning and evening, in a little water, ten drops of the following tincture:—*B.* *Tinct. belladonn  e*, 3 ij.; *tinct. aconiti*, 3 iij.; *tinct. nucis vomic  e*, 3 j. *M.*

"3. The ten following days, take, twice a day, a table spoonful of the following mixture or solution:—*B.* *Iodureti potass  e*, 3 ij.; *aqu  e destillat  e*, \mathfrak{z} xx. *M.* To continue this mode of treatment for several months in succession, and when the patient's health is improved, the same treatment to be followed every other month.

"4. As soon as the patient has arrived in America, to apply over the region of the breast a piece of 'caustic potash' in a manner to produce an 'eschar'—to renew this application every fifteen days. The wound to be dressed with simple diachylon plaster.

"5. To avoid all kinds of violent exercise, and to live moderately. *N. B.*—All spirituous or exciting liquids to be avoided. Paris, Oct. 20, 1860. A. Trousseau."

I find, on looking over M. Trousseau's prescriptions, that as early as the 5th September, 1860, he prescribed for Mr. W. six drops three times a day of the following mixture:—*B.* *Tinct. aconiti*, *tinct. digitalis*, *tinct. colchici*,     3 ij. *Mix.* This must have been soon after consulting M. Louis. The patient seemed to improve under this treatment; his appetite and general strength were tolerably good; he could spend a good portion of each day in shopping, sight-seeing, etc. The latter part of October he took passage on board the steamer Adriatic for New York, had a stormy passage, during which he took a severe cold, owing to exposure, followed by severe congestion of the posterior inferior lobe of the right lung. I saw him soon after landing in New York, Nov. 5, 1860, and found him suffering intensely from the combined pulmonary and cardiac affections: extreme debility, pulse very rapid, breathing short and panting, frequent cough, coldness of surface, anxious expression of countenance, etc. A superficial examination disclosed a loud bellows murmur over the whole cardiac region, with hypertrophy of the organ, and solidification (hepatization) of the posterior right lung. The patient was taken by boat to Poughkeepsie, where his relatives resided, and where he expired on Sunday the 11th following. The prominent symptoms were great restlessness, wakefulness, extreme prostration, and pulmonary oppression. During most of the time the cardiac contractions were too weak to develop the peculiar abnormal sounds already noticed. Of course, the diagnosis, so far as the heart was concerned, was necessarily obscure. Death occurred very suddenly from asthenia, doubtless the result of the pulmonary engorgement.

Autopsy.—Present, Drs. E. H. Parker, Varick, Harvey, and myself. Body not much emaciated. No swelling of extremities. But little fluid in cavities of the pleura. The posterior and lower half of right lung in a state of recent hepatization, gorged, and black. Considerable bloody serum, of jelly-like consistence, in the right bronchi. The left lung and anterior superior lobe of the right healthy. The heart was considerably hypertrophied, its size estimated at nearly one half greater than normal. Walls of left ventricle nearly twice the natural thickness. Muscular substance dark red from sanguineous engorgement, and much softer than in health. The aortic and mitral valves were not diseased, but insufficient to prevent regurgitation. This was also the case with the tricuspid valve. The mouth of the aorta was greatly enlarged as well as the arch, so as to be almost if not quite aneurismal in dimensions; leaving the aortic valves not half the necessary size to close the orifice. There were no signs of previous pericarditis, such as adhesions, granulations, etc. The auricles were dilated to about twice their natural size. *Chordæ tendineæ* greatly thickened and considerably softened.

Remarks.—As the patient did not come under my observation until a few days previous to his death, the early history of the case is far from being as full as I could desire. Nor are the autopsic appearances as complete as I could wish, my notes of the dimensions of the various valves and orifices, and the weight of the heart, having been lost or mislaid. The immediate cause of death was doubtless pulmonary apoplexy, or engorgement; the obstruction to the circulation having reached that point by the progress of the disease, that the circulation through the lungs could no longer be maintained. The physical signs were more usually attendant on insufficiency of the mitral and aortic valves, the consequent regurgitation producing the usual bellows murmur, with small, weak, intermittent, irregular, and unequal pulse. The action of the heart was for many months morbidly increased both as to strength and frequency; at times there was slight hæmoptysis, more or less palpitation, aggravated by stimulants, active exercise, mental emotion, flatulence, acidity, or bile, and especially by indigestible food. The dyspnoea became more urgent as the disease progressed, as did also the cough; but the sudden and severe aggravation of the disease during the voyage was attributed to a severe cold, caused by exposure, etc. But it is altogether probable, that, under the most favorable circumstances, life could not have been much longer protracted, with such a degree of cardiac disease.

PERKINS, Dec. 11, 1861.

CASE OF LESION OF THE URETHRA

AND EXTENSIVE SUBCUTANEOUS INFILTRATION OF URINE.

By EDMUND ARNOLD, M.D., M.R.C.S.E.,

OF YONKERS, NEW YORK.

MR. R. G., widower, æt. about 45, sent for me at 4 A.M. on 26th of September. He had been sick about three weeks, and for the last seven or eight days had not left his bed. His housekeeper stated, however, that for the last ten years he had never been free from purulent and bloody discharges from the urethra, but being considerable of a sceptic with regard to physic and physicians, had been at great pains to conceal the matter, and, as far as I could learn, he had never employed a doctor until now. He believed himself to be affected with stone. He stated that he was now, and had been for several days, suffering great agony from difficulty in voiding his urine, and that he was subject to such attacks. The penis was somewhat swollen and tender to the touch, the prepuce could only be partially drawn over the glans, the orifice of the urethra very much narrowed and contracted, and filled with purulent secretion; scrotum large, but retaining its usual corrugated appearance. The right groin had also a swollen appearance, almost resem-

bling that of a hernial tumor, but more elongated. On employing gentle pressure it gradually disappeared. Here, also, he complained of great pain. He could not exactly explain the kind of pain referred to in various places in this communication, but characterized it as agonizing. No perineal tenderness. There were three or four ounces of highly offensive urine in the chamber, with a copious muco-purulent deposit. Has for several days passed it only *guttatim* or in very small quantities. The patient is restless and agitated, and much worn out for want of sleep. Having, by careful examination, ascertained that there was no distension of the bladder, I ordered, as a preliminary, 2 grs. opium internally, and directed the parts to be kept wrapped in hot hop fomentations.

9½ A.M.—Has slept a little, and says he passes water more easily. Complains now of agonizing pain which has shifted to the right iliac region, with a general sense of fullness in the bowels. Shortly after I entered the room, he vomited a considerable quantity of bile, which, I was informed, he had done frequently during the last two or three days. His aspect was sallow and bilious; pulse full 110; skin warm, and perspiring freely from hot applications. Percussed the abdomen and found everything normal except at the seat of pain, where there was considerable dulness and great sensitiveness to pressure. His bowels, he stated, had been previously regular. I now arrived at the conclusion that, added to considerable fecal accumulation in the ascending colon, there was a generally inactive condition of the liver and bowels; that the urine, preternaturally loaded with salts and bile, had induced fresh inflammation in a bladder and urethra already greatly diseased, and that the former would have to be regulated before any improvement could be expected in the latter. I tried to pass a No. 2 catheter, but before it had entered half an inch, he complained of such exquisite pain that I desisted. I may here state, once for all, to avoid repetition, that I examined the condition of penis and scrotum at every visit, without any change being perceptible in size or color to indicate the fatal mischief going on until almost immediately before death, and that he spoke throughout of urinating more and more easily. Ordered hydr. chlor. gr. vj., ol. ricini 3 vj. postea. Also, a mixture containing potass. nitr., sp. nitr., tr. hyoscy., mucilag. et aq. Hot fomentations to be continued, also, to have a bath at 90° to be increased to 95°. 4 P.M.—Pain in the side very great during the day, and occasional vomitings. No movement of bowels. Has not yet had his bath. Ordered an injection of warm water with soap. 9 P.M.—About a pint and a half of injection was administered and bowels have been very freely moved, according to the statement of the attendants, nearly a chamberful being evacuated. Has also had his bath, and states that he there urinated with ease. He expresses himself greatly relieved in every way. Pulse 100. The dulness on percussion has shifted to the right hypochondrium; the right lumbar region, however, appears evidently larger than the left. Ordered morph. sulph. gr. j., aquæ ʒj.; a fourth part to be given every half hour until sleep is induced.

27th, 9 A.M.—Took only one dose of the morphine and slept well nearly all night, his first expression on awaking being, that he felt like a new man. He is now beginning to complain of the same pain again, which at present is located in the right hypochondrium. There is a considerable bulging in right lumbar region, but no pain there. On percussion, there is dulness and much sensitiveness at the seat of pain. Does not complain of bladder, although the water still dribbles. Vomited again during my visit some greenish fluid. He takes but little nourishment. Fomentations and medicines to be continued. Another dose of oil to be given, and injection repeated if necessary, also a mustard plaster to be applied over the seat of pain.

4 P.M.—Pain still intense in right hypochondrium, no movement of bowels, no effect produced by mustard plaster, though prepared with alcohol and kept on for an hour. On examining him, noticed a slight purplish discoloration just below the seat of pain in right hypochondrium. Skin

warm and perspiring copiously; pulse still moderately full and soft, 110. Ordered six leeches over hepatic region and requested a consultation.

8 P.M.—Saw him with Dr. Gates. A great change, however, had now come over him. The leeches laid hold, but immediately fell off again. At his own request the bath had been repeated, but he desired to be taken out again immediately; the surface became cold, and the discoloration, now very deep, began to extend rapidly up and down the sides. At the time of our visit, the pulse was small and thready, the general surface cold, and the whole side of a deep purple color from the hip to the armpit. His end was evidently near. We therefore only ordered morphine to relieve the pain. He gradually sank during the night, suffering intense pain towards the last, and died at 5 A.M. on the 28th.

Post-mortem five hours after death.—Body rigid. Immediately behind the glans penis there was a dark ring of discoloration extending round the organ, and thence along its urethral aspect, and spreading over the entire scrotum now smooth and much distended with fluid. It next proceeded along the right groin to the hip, and from thence up the entire side to the armpit. There was a considerable bulging of the whole right lumbar region. On cutting into the scrotum urine exuded, and also similar fluid freely oozed on making the right lateral abdominal incision, the muscles beneath on that side being dark and discolored. As this revealed the whole difficulty, and the friends present would have regarded opening the urethra as a mutilation, this was not done. The body was otherwise in good condition and well covered with fat. On opening the abdomen, the omentum contained a considerable amount of fat; small intestines healthy and moderately filled with flatus, so also the cæcum and ascending colon. At the junction of the ascending with transverse colon, and along nearly half of the latter, there was a considerable amount of soft brown feces, but no inflammation; beyond this, the bowel was empty and contracted, the last injection having probably passed away in the bath; liver large and generally healthy, with the exception of a small portion of the upper surface where there was discoloration, and a small patch of softening so as to break down readily under the finger, and probably of quite recent origin; gall bladder full; stomach and pancreas healthy; spleen not examined; kidneys externally devoid of fat, and their coverings dense and grey colored. On cutting into them, they were large and perhaps rather paler than natural, with several small fatty globules dispersed through their substance, otherwise they did not appear unhealthy; bladder empty as regards urine, the coats very much thickened so as to cut like tripe, its mucous membrane pale, smooth, softened, and covered with purulent secretion, and at the bottom of the organ about a tablespoonful of pus, but no stone.

The symptoms in the above case, making allowance for the pre-existing chronic disease of the bladder and urethra, were, to say the least, puzzling. The increasing ease with which the patient, as he believed, urinated, especially in the bath, the absence of a distended bladder leading to the belief that but little urine was secreted, the course of the pain along the region of the colon, and the evident accumulation in the latter, the sallow aspect of the patient and his frequent bilious vomitings, the bulging and first appearance of discoloration in the hypochondrium, rendered the diagnosis extremely difficult. The swelling in the scrotum was not sufficient, until just before death, to remove the ordinary corrugated appearance of the skin, nor could I detect at any time tenderness in the perineum. The lesion at the anterior portion of the urethra, due no doubt to ulceration, had, from the swelling in the groin, which I could not satisfactorily account for on my first visit, undoubtedly occurred some time previously, and it was the insupportable agony induced by the infiltration of the acrid urine through the tissues, that alone forced him finally to send for a physician. His death gave the first intimation to friends and neighbors even of his sickness, and though for ten years he had,

to conceal his malady, washed his own shirts and never slept in sheets, and must have endured great suffering at times, his demise actually seemed to all something unaccountably sudden and mysterious.

CASES IN MILITARY SURGERY.

GUNSHOT WOUNDS OF PELVIS, THORAX, KNEE, TRACHEA, THIGH, AND ARM.

By WILLIAM O'MEAGHER, M.D.,

SURGEON 8TH REGIMENT, N. Y. I.

Gunshot Wound through the Pelvis, Intestines, and Anterior Abdominal Wall.—On the night of Tuesday, Aug. 27th, while a large portion of the regiment was on picket duty at Bailey's Cross Roads, at that time one of the outposts of the army on this side, the reserve corps, stationed in front of a house adjacent to the road, resting themselves until their turn should come to relieve the others, were suddenly startled to their feet by the report of some shots fired at a little distance in the rear. A sudden rush was made for the muskets lying on the ground before the men, and, in the confusion incident to the sudden movement, one piece went off accidentally. The next moment I saw one of the men, who happened to sit in advance of the main body against the railing in front, and a little behind another officer and myself, suddenly start up and then tumble over writhing in agony. He rose again, tottered a few paces, and again fell over.

In consequence of our immediate proximity to the enemy, then only a quarter of a mile distant, I was unable to use a light during the necessary examination; besides, he was with difficulty kept from rolling about, until his agony was somewhat relieved by a grain of morphia. Meantime, I was engaged in exploring the wound, which was plainly indicated by abundant hæmorrhage and by the patient himself pressing his hands tightly on the lower portion of his back. The bullet had passed through the upper part of the left sacro-iliac symphysis, through the intestines, escaping anteriorly in the right groin, and finally, through the clothing, being then lost. Vomiting soon set in, and during the consequent exertions, a knuckle of small intestine, wounded, protruded through the anterior opening, but was easily reduced when the vomiting ceased, and he was able to swallow some stimulants and another opiate. Compresses of lint and a broad bandage were then applied, the hæmorrhage ceased, and pulsations in the radial and femoral arteries indicated commencing reaction. A door, taken from the hinges, covered with straw and a blanket, served for a litter, on which, supported by muskets and relays of six men at a time, he was carried a distance of about three miles until we reached the field ambulance, which, owing to the road being obstructedly barricaded, could not approach nearer.

He was thence carried to the Washington Infirmary on E street, where he died in about fifteen minutes afterwards, and about ten hours after the accident. During the journey he was somewhat comfortable, notwithstanding the roughness of the road, and seemed to rally pretty well, sufficiently to converse with the chaplain. Vomiting had not returned, and he was thus able to take stimulants combined at intervals with anodynes. Though very anxious to see the post-mortem examination, which I presumed would follow, I was prevented calling at the hospital owing to more onerous duties. I called there subsequently, however, and asked the surgeon in charge, by note, to furnish me with the record, but I received neither a reply nor the expected information.

Gunshot Wound of Thorax and Lungs.—Private Cooke, of the 2d Michigan, while on picket duty near the Cross Roads, received from the enemy's picket a gunshot wound through the lungs, and when discovered by his comrades, who hastened to the spot, was found faint from profuse hæmorrhage, and lying on the wounded side. By them he was conveyed in a blanket to the main body stationed at

the Cross Roads, the distance being about a mile, and on their arrival I saw him immediately. On examination, his clothes behind were found saturated with blood, while several large clots were removed from the immediate vicinity of the wound. As he was extremely prostrated, some stimulants were gradually administered until reaction commenced, and, in the meantime, I was searching for the exit of the bullet, which had entered the left side posteriorly, fracturing the tenth rib and making quite a large, irregular, wound. On introducing my finger for about two inches for the purpose of exploring and removing foreign substances, I felt the lung tissue, and found the wound itself partially filled with coagula and extending towards the opposite side in a transverse direction; emphysema appeared to some extent in the vicinity. I did not attempt a further exploration, especially as the wound, as far as I could discover, appeared free from foreign substances and partially closed. Shredded lint was then applied to the wound, and the patient gently turned over on the wounded side. On searching for the exit of the ball, the only indication of its presence was a patch of emphysema on the opposite side, somewhat higher up than the aperture, but the ball itself could not be felt, so I resolved to wait awhile in order to allow the patient to recover somewhat, hoping that, in the meantime, the respiratory efforts, increased by a pretty tight bandage, would force the ball outwards and thus render it palpable. Accordingly, in about four hours, he began to experience severe pain in this part, and on removing the bandage, at the same time directing him to take in a full breath, which he did with ease and evident relief, I was exceedingly gratified to find the ball presenting itself in the sixth intercostal space. On cutting down, I found it firmly imbedded in the costal pleura, and after a little delay, occasioned by a desire not to make a large opening, removed it with a common forceps, and immediately closed the wound with interrupted sutures. The bandage was again applied, and a full anodyne administered, after which he slept well for two hours and felt very much relieved. The missile, contrary to my first anticipations, turned out to be a small triangular shaped rifle bullet, irregular and rough at the edges, as if it were so designed to produce greater mischief. He continued very comfortable for two days, taking light nourishment and appearing quite cheerful and intelligent, occasionally only being attacked with dyspnoea, which, however, was never sufficient to cause any apprehension. Obedient to directions, he lay perfectly still, without talking, except in answer to a necessary question as to his condition. His bed was a canvas field-stretcher, with poles inserted into the folded canvas, which was also attached to the end pieces by buttons and cords. The iron framework at the ends raised it from the ground sufficiently to afford a safe, easy, and efficacious means of transportation, far superior, in my opinion, to any other thus far presented, and certainly better than field ambulances over rough roads. On this he was conveyed, on the third day, a distance of perhaps ten miles, to the general hospital in Alexandria, where he died on the fifth day. I am indebted to Dr. H. Laurence Sheldon, the surgeon in charge, for the following record of the autopsy:—

"Left side of chest filled with bloody serum; lung compressed, and a space between anterior parietes and surface of lung filled with air. Lymph covered the visceral and parietal pleurae, and clots of blood were on the most dependent portion of the cavity. The ball struck the tenth rib, fracturing it three inches from its articulation with vertebrae, passed through the lower lobe of left lung, where there was intense inflammation in its track, with numerous spiculae of bone carried two inches into substance of lung from the fractured rib, thence through body of tenth vertebra, through diaphragm and upper surface of liver, a distance of two inches; again through diaphragm, and was removed externally between sixth and seventh ribs. There was a patch of pneumonia on the right lower lobe. Half a gallon of serum and blood was taken from both pleural cavities."

I should have mentioned as rather remarkable, that, for three days, though he had considerable dyspnoea, and pain referred to in both places, he had neither cough nor expectoration until the fourth day, leading some to suppose that both lungs were not seriously wounded, as I had at first reported, the ball rather making a circuit *outside* the lung. But I think it almost impossible that the right lower lobe could escape when the ball passed *twice* through the diaphragm and upper surface of the liver, being finally removed from the *sixth* intercostal space; besides, "there was a patch of pneumonia on the right lower lobe, and half a gallon of serum taken from *both* pleural cavities."

Bayonet Wound of Trachea—Emphysema.—Private Betson accidentally received a thrust of a bayonet in the neck opening into the larynx and producing considerable emphysema, tickling cough, and bloody expectoration. He recovered rapidly, however, without a bad symptom, some slight aphonia alone remaining for a short time.

Bayonet Wound of Knee-Joint—Synovitis.—Private — received an accidental wound of the knee-joint, between the border of the patella and internal condyle of the femur. At first, little was thought of it, a few adhesive straps and a roller bandage being applied, and the patient returned to duty. In a few days, owing, doubtless, to imprudence and over exercise, inflammation, accompanied by pain, fever, swelling, and effusion, set in, while the wound assumed an angry fungoid appearance; but by means of rest in the recumbent position, elevation of the extremity, water dressing, and other antiphlogistic adjuvants, the pain and other symptoms slowly abated at the end of three weeks, leaving the patient, however, lame and stiff at the joint.

Gunshot Wound of Thigh.—Lieut. Massey, while on picket duty at Munson's Hill, received a shot from a small revolver, the bullet lodging anteriorly in the upper third of the thigh, near Scarpa's space. After a thorough search for the bullet, both by Dr. McNulty and myself, it could not be found. A pledget of lint, wet with cold water, was applied, and the patient directed to keep quiet. Two or three days afterwards, though the irritation and pain still continued, he felt so well that he asked permission to go around with a stick, which was permitted. For a while he walked rather lame, but gradually he began to exercise more freely, and in less than three weeks returned to duty. It has not troubled him since.

Capt. Rividan received a shot from a revolver, the bullet passing antero-posteriorly through the calf of the leg, about the middle, and externally to the tibia, which, though grazed, escaped uninjured. In this case, also, the patient, after a few days' rest, began to walk around freely, and in three weeks resumed his ordinary duties. The same gentleman subsequently received a wound of the great toe, on the march to Fairfax Court House, on the eventful day of the battle of Bull Run, by which the toe was severely mashed, requiring evulsion of the nail. He continued to march notwithstanding, though offered a mode of conveyance, and, when the regiment was ordered to return to Alexandria, remained with his company during a severe night. Cold water dressing only was applied with lint and bandage, and in a few days the wound was entirely healed.

Gunshot Wound of Right Index Finger—Fracture of the First Phalanx.—Sergeant Scott, had the index finger of right hand wounded by a ball from a revolver, fracturing the first phalanx about the middle, the joint also being opened and injured. At first, amputation was thought to be necessary, from the mutilated condition of the finger, but it was resolved to try what conservative surgery could effect, for a day or two. Accordingly, a splint was applied on the palmar aspect and cold water dressings used, the arm being suspended in a sling. For three weeks subsequently, nothing more was done, except to renew the dressing. The external wound healed up kindly within that period, and in a month he was able to use his musket, the stiffness of the joint having been overcome by passive motion.

Gunshot Wound of Arm.—Private Hicks received a

shot from a revolver in the lower third of the arm, the bullet passing through the muscles only, and making its appearance on the inner aspect. It was cut out by Dr. McNulty, and the patient, after a short sojourn of a few weeks in hospital, returned to duty.

CAMP RICHARDSON, NEAR ALEXANDRIA, VA., Dec., 1861.

Reports of Hospitals.

NEW YORK HOSPITAL.

CONTUSION OF PERINEUM—LACERATION OF URETHRA—PERINEAL SECTION—CURED.

[Reported by JAMES L. LITTLE, M.D., Resident Surgeon.]

PAT. O'BRIEN, æt. 30, native of Ireland. Patient admitted May 8, 1861 (service of Dr. Buck), having fallen down the hold of a vessel, a distance of six feet, alighting astride of a plank. Patient was able to walk up stairs to his ward. On examination, there was seen considerable swelling and discoloration of the perineum and scrotum, without any laceration. There was, also, a slight discharge of blood from the urethra. Patient complained of great pain in the part. As the above symptoms indicated some injury to the urethra, an attempt was made to pass a large-sized catheter, in order to prevent the extravasation of the urine. It was found impossible to pass it beyond the seat of injury. A profuse discharge of blood followed the removal of the instrument. The patient was then directed not to attempt to pass his water, and he was allowed to remain until the visit of the attending surgeon, Dr. Buck. On his arrival, a second attempt was made to pass a catheter, which also proved unsuccessful. Patient was then etherized, and a free incision made in the median line of the perineum, allowing the escape of a considerable quantity of clotted blood. A No. 12 catheter was then passed, and its point emerged from the wound. An examination then showed that the membranous portion of the urethra was torn entirely across by the accident. An attempt was then made to pass a female catheter from the incision into the bladder. This was a very difficult operation, as the parts around the urethra were very much contused and the hæmorrhage was very free. But after a diligent search, the opening was found and the catheter entered the bladder. A male catheter was then introduced through the urethra, and after carefully removing the female catheter, passed into the bladder. During the operation, patient lost a considerable quantity of blood. The hæmorrhage was controlled by the application of several ligatures. The wound was filled with lint, and a firm compress applied. The catheter was secured in its position and stimulants ordered.

The following day the dressings were removed and the catheter was withdrawn and cleansed, and reintroduced without any difficulty. The wound was ordered to be dressed with cold water. On the third day after the operation, the catheter was again withdrawn and allowed to remain out of the bladder. The water made its escape from the wound. From this time the catheter was introduced once in twenty-fours and allowed to remain in for about ten minutes. The wound soon began to granulate. On June 1st, patient complained of a pain in his leg and groin. On examination, the left inguinal glands were found to be enlarged and very tender, and along the course of the internal saphena vein a cord-like feeling was detected and considerable tenderness was manifested. The left leg was swollen and oedematous, resembling the disease known as phlegmasia dolens. A blister was ordered over the upper part of thigh; leg bandaged, and patient supported by beef tea, quinine, etc. June 10th. Swelling of the leg had nearly all subsided. The wound in perineum was almost closed. Patient passed about one half of his urine through wound. June 19th. Six weeks after injury, patient passed all his

water through the natural orifice. Catheter was passed about three times a week.

During the month of July, an interval of about one week passed without the catheter being introduced, and patient's water suddenly stopped. On attempting to pass an instrument, it was found that it was with great difficulty a No. 3 steel sound could be introduced. After its introduction, the stricture readily dilated until a No. 10 could be introduced. On Sept. 23d, patient was discharged. At the time of discharge, a No. 10 could be readily introduced. As the instrument passed over the stricture, considerable roughness could be felt, and if an instrument was not frequently introduced the stricture would contract, and would require to be dilated, which was very readily done, as the cicatrix was very yielding. Patient purchased a No. 9 flexible bougie, and was ordered to introduce it every day. Discharged cured.

BELLEVUE HOSPITAL.

OLD STRICTURE—FISTULOUS PASSAGES—PERINEAL SECTION—FORMATION OF LARGE INGUINAL ABSCESS—DEATH.

[Reported by A. L. LOWELL, M.D., House Surgeon.]

LOUIS VANDERBEC, German, æt. 43, married; laborer; admitted June 18, 1861, with the following history:—Six months prior to admission, the patient suffered from the effects of stricture of the urethra; was treated outside and relieved; at date of admission was again suffering from stricture, and almost wholly unable to void his urine. On examination, the following facts were evident:—Extensive swelling and induration of scrotum and supra-pubic region. Prepuce oedematous; penis nearly occluded, save the glans, by swelling of contiguous parts; phymosis; exploration of urethra by sound, revealed stricture at fossa navicularis; false passage traceable to and terminating at a point anterior to triangular ligament and to right of median line. A very small gum elastic bougie could, with much difficulty, be engaged in a stricture at the membranous portion of the urethra. All attempts to pass the stricture of membranous portion proved futile.

The patient suffered from retention, and the only relief of his symptoms was effected temporarily by the use of the hot bath and laxatives; these agents were employed as palliatives until the date of the operation. Several cicatrices in the inguinal regions attested earlier ravages of syphilis, to which may be added a chronic sore throat, laryngitis, and the history of the patient himself as corroborative of such cachexia. There also existed cicatrices, linear in outline, on the right of the median line, about three inches above the symphysis pubis, and a little nearer the median line than half the distance between it and the anterior superior spinous process of the ilium. Of these cicatrices, the history of abscesses was given as having occurred during his first attack, they having been opened at that time.

On August 19th, the patient's symptoms culminated in a high irritative febrile movement, and a total retention of urine, which latter no palliative efforts could relieve. An operation was determined upon, and performed by Dr. Lewis A. Sayre, assisted by Dr. Crane and the house staff.

A grooved lithotomy sound was passed down the urethra to the seat of the stricture at membranous portion, and the point of obstruction was forcibly projected outwards upon the line of the raphe. An incision was then made through the membranous portion, and, by dissection, the continuity of the canal with the bladder was established. A No. 8 silver catheter (male) was then passed into the bladder by the meatus urinarius, after establishing the true urethral canal by reversing a probe at the point of perineal section. A female catheter was left in the incision, which conducted the urine away from the wound. Both catheters were secured in position by bandages. The walls of the bladder were found exceedingly rugose and hypertrophied. The sensation imparted to a sound brought in contact with the lining mucous membrane, strongly simulates stone.

The patient slept well during the night on a slight anodyne, and on the following day his symptoms were much ameliorated. On the second week after the operation, he began to complain of severe throbbing pain over the right inguinal region. Poultices were applied, the pain increased, and tumefaction and much increase of temperature at this point succeeded. On the fourth day, chills and fever occurred, and a marked redness and lividity were observable at a point on the median line about three inches above the symphysis pubis. A slight incision through the integuments was followed by an evacuation of nearly half a pint of dark-colored pus of a very offensive odor. On passing a probe into the incision, no communication could be traced with the bladder; the instrument could be readily swept around beneath the fascia of nearly the entire right iliac region. Pressure over the bladder caused an escape of urine from three different points of exit—the above-mentioned opening, the urethra, and the incision through the perineum. On washing out the bladder, by inserting the double catheter through either the perineal wound or the urethra, the injected fluid escaped from both the other openings. The patient gradually sank, and died on the 19th of August from exhaustion.

Post-mortem examination, twelve hours after death.—Lesion about recto-vesical region, prostate, and base of bladder, much broken down and sloughy. Bladder exceedingly rugose on inner surface; its walls much thickened, evidently the effects of former cystitis. Ureters enlarged as to calibre. Right kidney slightly granular; left below normal size and weight, and showing marked evidences of granular degeneration. A fistulous track was traced between supra-pubic opening and membranous urethra behind triangular ligament. In right hypogastric and inguinal regions, much sub-fascial degeneration, showing cellulitis from urinary infiltration. This region, as well as that about base of bladder, was darkly discolored and sloughy.

Patient suffered much from cephalalgia, and frequent and almost uncontrollable watery dejections. Skin white and waxy. Urine constantly highly albuminous. Under the microscope, it was found loaded with casts, epithelium, pus globules, and salts, triple and basic phosphates.

RETENTION OF URINE—LACERATION OF URETHRA AND FALSE PASSAGES FROM FORCED CATHETERISM—PERINEAL SECTION—RECOVERY.

[Reported by HENRY M. LYMAN, M.D., House Surgeon.]

In November, 1860, Matthew L., an Irishman, strong and healthy, *æt.* 25, was injured by a cotton bale falling against his abdomen. For two weeks after this accident he could not urinate without the assistance of a catheter, and there was also a purulent discharge from the urethra. The patient denies the existence of any venereal taint, nor does he exhibit any evidence thereof. As he recovered from the effects of the accident he became able to pass water, though not without considerable difficulty—a difficulty which continued to increase till Oct. 14, 1861, when the urethra became impermeable. The patient was diligently plied with catheters by several parties outside of the hospital, and, on their failure to effect an entrance into the bladder, he was admitted and placed under the care of Dr. Stephen Smith, Oct. 15th, thirty hours after the commencement of retention. The bladder was distended to the umbilicus. A hot bath and the administration of opium having failed to afford the slightest relief, he was placed under the influence of ether. A catheter (No. 10) was then carried easily through the greater part of the membranous portion of the urethra, but was completely arrested at the prostatic portion of the canal. After repeated trials, a minute hair bougie seemed to penetrate the stricture, but without effecting any relief, and at midnight Dr. Smith proceeded to open the urethra through the perineum. A small silver probe was then with some difficulty insinuated through the prostatic portion of the canal, which was afterwards incised sufficiently to admit the largest sized

catheter. Considerable febrile reaction occurred after the operation, and there was much irritation about the neck of the bladder; but at the end of five days all unfavorable symptoms disappeared, and an uninterrupted process of recovery has continued till the present time. A small opening remains unhealed, but it is closing rapidly and kindly.

To the foregoing cases we may add the following case of perineal section, furnished by Prof. DEWITT C. ENOS, of Brooklyn.

INGUINAL HERNIA—RETENTION OF URINE—PUNCTURE OF THE BLADDER THROUGH THE RECTUM—PERINEAL SECTION—RECOVERY.*

Mr. S., a merchant in New York, while lifting a heavy weight, on Wednesday, June 17, 1857, produced a direct inguinal hernia on the right side, and the day after had some difficulty in making water. His bladder became distended and his suffering intense. He had been a very healthy man, and never had a stricture. From Friday until Monday ineffectual attempts were made, with great care and perseverance, and with a variety of instruments, to enter the bladder. During this time he passed a little urine occasionally. On Monday he was no better. Chloroform was given, and another effort made to pass the catheter without success.

I then tapped the bladder through the rectum, and drew off about three pints of urine. The canula was secured in the bladder. The day following no water would pass through the instrument, and it was found that during the night it had slipped from the bladder, and its end was in the cellular tissue between the bladder and rectum. As it could not be introduced through the original opening the style was used and another aperture made. The corpus spongiosum urethræ was hard and much inflamed. Leeches and fomentations were applied to the perineum. The scrotum becoming cedematous and inflamed, and the corpus spongiosum much swollen towards the bulb, it was decided to open it, and then if the catheter could not be passed to make a perineal section. The patient was put under the influence of chloroform, the incision made, and an ounce or two of laudable pus was discharged. Still the catheter could not be passed. I then made a free opening into the urethra, and even then the instrument in the penis could not be carried into the bladder. There was a false passage in the corpus spongiosum, from an inch to an inch and a half anterior to the bulb down to the bulb itself, but even when the instrument was in the true passage it could not be passed into the bladder. A small, gum elastic catheter was passed with great difficulty from the perineum into the bladder, and retained. Sickness at the stomach and vomiting followed the use of the chloroform for several days. The canula was removed from the rectum twelve days after it was introduced, and four days after the perineal section was made, at the same time a No. 7 gum catheter was passed into the bladder through the perineum. Two days after a No. 10 was passed through the perineum into the bladder, and also the same size through the penis to the wound, the last not retained. After the lapse of two days a No. 9 gum catheter was passed *per viam naturalem*. This gave him no pain. The catheter was changed for a No. 10, and this for No. 12, which was used for a month or a little more, when the wound, to which water-dressings only had been applied, appeared healed, and it was removed. He made water without pain—a few drops only escaping from the wound, which soon closed entirely.

The catheter was introduced occasionally that the urethra might not contract. He wore a truss a few days, only for the direct inguinal hernia, and it troubled him no more.

It is difficult to understand how such an effort—straining—could have obstructed the urethra, unless the membranous portion was lacerated by the violent and irregular contractions of the compressor urethræ. It is a noticeable fact that

* Read before the Kings Co. Medical Society.

though the canula was introduced the second time and was retained in the bladder nearly two weeks, yet there was after its removal no evidence of urine escaping into the rectum. It is now three years and a half since the operation, and he says he is as well as ever. His urine is voided in a full, free stream, and no return of the hernia.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, October 23, 1861.

DR. A. C. POST, PRESIDENT, IN THE CHAIR.

INTERESTING SYMPTOMS CONNECTED WITH MITRAL DISEASE.

DR. CONANT exhibited a heart which was taken from a girl, about seventeen years of age, whose case he had followed up more or less closely for the last eight or nine years. When the patient was first seen, at the age of eight years, she had a blowing sound in the left portion of the heart, so distinct that it could be heard even before the ear was applied to the chest. This abnormal sound continued to exist without any material change in character for the next three or four years, and her general health seemed to be very good. At the age of fourteen she commenced to menstruate, and from that time until her death experienced no variations in the quantity or duration of the discharge. About two months previous to her death Dr. Conant was called to see her in an attack of what appeared to be cholera morbus, accompanied with considerable œdema of the feet. All this, however, subsided after the administration of the ordinary remedies, and she was soon strong enough to resume her daily labor in a hoop-skirt factory. Three weeks after this Dr. C. was called again to the case, on a Monday morning, when he made out in addition to the second attack of cholera morbus, the existence of rather a peculiar symptom, one, which he had never seen before, which was the absence entirely of the pulse at the wrist—there was nothing more than a slight quiver, which resembled the pulsations to the jugular vein when there was interruption to the pulmonary circulation. He listened to the heart and found that neither of its sounds was at all distinct. A careful examination of the popliteal, femoral, carotid, and other superficial arteries revealed the same state of things. This condition of the circulatory apparatus remained for several days, and Dr. Conant came to the conclusion that one of two things had happened: either a fibrinous clot had formed in connexion with the valves, preventing their closure, or there was ulceration of the valves themselves which allowed the blood freely to regurgitate. Some carbonate of soda was prescribed in the hope that the clots, if any such existed, should be dissolved, and other remedies were also given for the vomiting and purging with the effect of controlling those symptoms. Six or seven days after the first appearance of the symptoms the radial pulse became very slightly perceptible, but so irregular that it was impossible to count it. The sounds of the heart were more distinct, but were far from being natural. For a day or two before her death she was again seized with vomiting and purging, which, despite the various remedies used, continued until her death.

A post-mortem examination was made on the day following, and in accordance with a promise made the mother, only the heart was removed. Upon opening the thorax a considerable amount of adhesion was noticed between the pericardium and heart, but there was no serum. The left lung was completely adherent to the chest, the result of old pleuritic deposits. In the cavity of the chest there was a pint of serous fluid, otherwise the organ was healthy. On dissecting out the pericardium Dr. C. removed the heart and aorta. On opening into the organ the tricuspid valves were apparently perfectly normal; the mitral valves were very much thickened, and just above them, in the left auri-

cle, quite a large deposit, apparently calcareous, was found; also a similar deposit above the valves underneath the endocardium. The organ was somewhat flabby, but was not enlarged. The case was interesting, because Dr. C. thought that there could have been no possible doubt but that extensive disease of the semilunar valves existed. The fact that he could find no pulsation in any of the arteries led him to refer the disturbance to some general cause, but what that was he could not ascertain, inasmuch as the examination was necessarily limited.

SUCCESSFUL REMOVAL OF THYROID GLAND.

DR. VOSS gave the following history of a lady aged fifty-four years, from whom he had removed a hypertrophied thyroid gland. At the age of twelve she first noticed an unnatural fullness of the throat, which gradually became more marked and defined up to the time of the operation. No reason could be found for the appearance of the growth, either so far as hereditary, endemic, or any other influences were concerned. During the whole of her menstrual life, which extended from her sixteenth to her forty-eighth year, she had always suffered from dysmenorrhœa, and was in consequence childless. At different periods of the existence of the tumor various forms of medication were resorted to, but the only effect was a slight diminution in its size. Within the last seven years the tumor, having attained quite a large size, occasioned her a great deal of difficulty in swallowing and breathing, so much so that towards the last she was unable to lie down. While in Germany, she applied to have the tumor removed, but the operation was denied to her. At that time she was directed to take iodine, which she did, until iodism was induced. Her sufferings from the presence of the tumor at last became so aggravated that she earnestly requested its removal. The size of the tumor before the operation was equal to that of a clenched fist; it was flattened antero-posteriorly. It was situated more to the left than the right, and consequently pushed the trachea to the right side. On palpation neither fluctuation nor pulsation could be felt. When standing erect the head could be moved very well from side to side, but the slightest motion backwards occasioned her distressing dyspnoea. The difficulties in the removal were comparatively small. A long incision was made from the upper part of the thyroid cartilage down to the manubrium of the sternum. As one part of the mass on the left side reached somewhat behind the sternum, the detachment of the tumor was commenced on the outer surface, and the vessels which came from the lower right side were secured. There was comparatively a small amount of venous hæmorrhage in this step of the operation, but when the left side of the tumor was reached the venous flow was very profuse and unmanageable, until the mass being detached as far as possible the chain of the *écraseur* was placed around it and the whole removed. The resulting wound was perfectly dry. The patient progressed remarkably well since the operation, the pulse at no time during the last two weeks exceeding ninety beats per minute.

The tumor on microscopic examination proved to be non-malignant in character, and composed of fibroid, colloid, and vascular tissue.

DR. WOOD remarked that operations connected with the thyroid gland were always interesting in connexion with the great amount of hæmorrhage that was apt to occur. He stated that the operation for the removal of this gland had been performed two or three times in this city. He knew of two instances of death from venous hæmorrhage. "I recollect," remarked he, "that when I was a student there was a gentleman in this city who attempted the operation upon an English lady; he cut down upon the body, and before he had fairly removed it the venous hæmorrhage was so great that she died. I recollect another case, where the operator attempting to remove the tumor took the precaution to apply ligatures at four different points. They were introduced doubly by needles, and then tied, but so great was the hæmorrhage that the next morning death

resulted. I remember seeing the chairman operate on one of these cases and the same thing obtained there; the veins were enormous. If I remember rightly he did not continue the operation necessary for its removal. I take it that the tumor presented to-night is a very unusual form. I have never seen the thyroid body presenting that appearance, having the three characters, vascular, fibroid, and colloid combined."

Dr. Post remarked that the case alluded to by Dr. Wood was one which had been previously seen by Drs. Mott and Van Buren, and neither they nor he regarded the thyroid body as being the seat of the disease; the actual magnitude of the tumor disguised its origin. When, however, the operation was commenced by Dr. Post it was found that the thyroid body was the tumor, and that the veins which ramified through its substance varied in size from that of the little finger to the thumb. One lobe of the tumor was so much exposed that he applied to it two ligatures, and afterwards unwisely excised a portion of it. The operation was abandoned, and shortly after frightful hæmorrhage succeeded, and Dr. Wood being near at hand available assistance was rendered. A good deal of febrile excitement followed, the tumor diminished one half as the result of subsequent suppuration, and the patient finally recovered.

Dr. Voss, in answer to a question from Dr. Sayre, gave it as his opinion that the unpleasant result of alarming hæmorrhage was prevented by the timely use of the *écraseur*. He stated that the profuse hæmorrhage at the lower and left part of the gland was due to a large vein which was fully the size of his finger. In the application of the *écraseur* this vein was left free, the upper parts of the tumor were grasped, and when the supply of blood from the superior thyroid arteries was thus cut off the venous hæmorrhage ceased at once. He agreed with Dr. Wood in saying that the tumor was unique in character, from the fact that it combined three characters in one, and contained none of the cystic elements of which goitrous tumors were for the most part composed.

American Medical Times.

SATURDAY, JANUARY 4, 1862.

TREATMENT OF COMPOUND FRACTURES.

We cannot let a remark by an army surgeon in the *MEDICAL TIMES* of Nov. 30, pass without adding a few observations which it suggests. Writing from Springfield, Mo., after a visit to the hospital in which were many of the wounded at the battle of Wilson Creek, where the brave GEN. LYON lost his life, DR. RAWSON, Surgeon to the 5th Reg., Iowa Vols., says:

"I was shown several cases of compound comminuted fracture of the thigh, leg, and arm, in all of which the bone had united, and some healed up permanently, and in others there was more or less of exfoliation, but with every prospect of final recovery. I saw one case of badly shattered ankle joint, by a large grape-shot burying itself within. The shot was removed, and the doctor said the limb would have been amputated, only that there was no adhesive plaster in town. * * * * Considering the number of cases, the serious character of the injury, and the result in all of them that I saw, I can but come to one conclusion, that many, very many limbs are removed that might be saved, and this I will show at some future time."

The question involved in this paragraph has been one of the most interesting and important in civil or military sur-

gery. In what cases of compound fractures can the limbs be saved, and in what must they be sacrificed, is the anxious study of every enlightened and conscientious surgeon. The rule governing the operator heretofore has been quite arbitrary; he has had little opportunity to exercise his judgment, or consult the modifying circumstances which surrounded him. It was quite sufficient in military practice to know that a compound fracture was occasioned by a gun-shot, to have the course of treatment definitively settled. Amputation was practised without hesitation, and without consultation. Two facts derived from experience established this rule; one, that great mortality followed these injuries where amputation was not performed, and the second, that when the limb is saved it is often useless. Within given limits these reasons in favor of amputation are both valid, but it is evident that they are very unsafe guides to any but the most conscientious and experienced surgeons. Liberally construed, these facts allow the utmost license to the operator, and do not, we are persuaded, give the maximum of useful limbs saved, and the minimum of lives lost.

There can be no doubt that in civil practice many limbs and lives are now saved in compound and complicated fracture that at no remote period past would have been sacrificed. Older surgeons would scarcely have thought of saving a limb in which the fracture involved the joint. In military practice there are evidences of a strong tendency towards the conservation of fractured limbs, however complicated. Fractures involving large joints do not now lead to the immediate condemnation of the extremity. Resection might still give a favorable issue to the injury. The recent report of the British army shows that in the late war in India amputation was not so frequently performed after compound fractures of the femur as in the Crimea, and that more cases were saved. Mr. Taylor, Inspector General of Hospitals, remarks upon the tables establishing these facts:—

"The preceding tables show, of the Indian wars as compared with the Crimean war, that the thigh-stump cases arrived home from India are a fraction more numerous than those from the Crimea, in proportion to the total arrived by all wounds; and that the recovered cases of gunshot fracture of the femur also arrived are, in proportion to the total wounded, four times more numerous from India than from the Crimea. In other words, the proportion of thigh-stump cases being so nearly the same, the gunshot fracture of the femur cases from India, over and above the proportion from the Crimea, may be received as representing the proportion of cases of this description of wound lost there by amputation, or by less favorable circumstances of service. The difference, I believe, is to be explained by the better appliances and means attending field hospitals in India, and the less frequent practice there of amputation in this description of wound. The difference is not to be explained by difference of missiles; for in the Peninsular war, where no other than the sixteen to the pound bullet was used, the impression of surgeons experienced in the surgery of that war was, that in only few exceptions should a gunshot fractured thigh not at once be amputated. This rule greatly influenced the practice of surgery in the Crimean war, and hence, in a considerable measure, I believe, the less favorable results thence than from the mutiny in India, when surgeons were not only deterred from amputation of the thigh by the Crimean experience of the fatality attending that operation, but were more inclined to attempt preservation of the limb by the better means at hand for the conveyance and treatment of such compound fractured thigh-cases."

A DEACONESS INSTITUTION.

EIGHTEEN YEARS ago two benevolent ladies of Strasburg, France, went forth with bread and medicine among the poor and sick of that city. From that small beginning has grown up an Institution far-reaching in its influences upon the destitute poor. Its aim is to educate women to the care of the sick, and qualify them by practice for all the duties that devolve on the managers of Charities. The result of this effort has been in the highest degree satisfactory. A visitor at this institution three years after its organization, when the little band lived in a small hired house, thus describes its internal appearance: "In 1846—fifteen years ago, and but three years after the commencement of the Institution—it was our privilege to visit the hospital, asylum, and charity schools under its care, and we have ever since preserved a most pleasant impression of all their surroundings. There was about them an indescribable something which touched our heart, and the influence of which we feel to this day. The very atmosphere seemed to breathe of purity and peace. The linen of the beds was of faultless white, the floors were scrupulously clean, the sick and aged ministered unto with unaffected kindness, the charity to the poor so sweet and genuine, and the whole bearing of the deaconesses indicative of a piety so evangelical and healthful, that we went away with the conviction that a future, full of honorable usefulness, awaited this youthful Institution." From the eighteenth Report, 1860, an abstract of which we find in the *Lutheran Observer*, it appears that this organization now numbers eighty-four well trained nurses, whose labors extend to many neighboring hospitals, asylums, etc. Thirty-five are devoted to the following charitable institutions of Strasburg: 1. A large hospital, which since its commencement has nursed many thousands of sick, and during the past year numbered 247 patients. 2. A Retreat for aged and feeble persons, who are destitute of friends; these number twenty. 3. A Training School for Domestic, the object of which is to qualify young girls to be servants in respectable families. 4. A House of Refuge (*Disciplinaire*), the inmates of which have been committed by the police for offences of a less grade than would send them to prison. 5. The Magdalen Asylum, for the fallen. 6. The Children's Protection, Creches, where poor women, compelled to go from home to work, leave their babes during the day, and call for them in the evening. The "Creches" has daily from thirty to forty of these little ones. 7. A large Soup House, where the very indigent are supplied with soup during the winter months. Forty-nine are engaged in similar institutions in various parts of France and Switzerland as follows: The first they took charge of, is the large City Hospital at Muelhausen (France), where fifteen are yet laboring. No less than 1443 sick were nursed last year in this institution. 2. The care of the poor and sick in the same city. This is divided into six districts; in each there is a deaconess among this hitherto neglected class. They are nursed in their own dwellings, but the wretched condition of many of these has led to the purchase of a large house, which is now being fitted up for a private hospital and a home for the sisters. 3. The Citizens' Hospital in Neufchatel (Switzerland), where from three to four hundred sick are annually nursed, and many thousands of indigent strangers are fed during the year. 4. A second Hospital in the same place, with five hundred patients annually, who have not the right of citizens in the

first institution. 5. The Training School for Christian domestics in Colmar (France). 6. The Hospital, and charge of the indigent sick in their dwellings, at the same place. 7. The care of the sick and poor in the Lutheran congregation of Illzcab. 8. The Protestant Hospital at Gebweiler (France). This fine institution is the charitable foundation of a wealthy family, whose heart God has touched with compassion for the suffering. 9. The Hospital at Chenal (France), and the care of the sick and poor in the Lutheran congregation. Here, likewise, a devout family have manifested their interest in this work by the erection of a beautiful hospital, with the most ample and comfortable arrangements for the care of the patients. 10. The Citizens' Hospital at Montbeliard (France), where enlarged accommodations are being provided for the sick. 11. The Protestant Hospital at Rappoltsweiler, in connexion with the care of the indigent sick in their dwellings.

The proofs which these abstracts furnish of the prosperity and great usefulness of this Order of Christian women is well worthy of attention. It educates to usefulness in the care of the sick, and in deeds of charity, a class of qualified women who are moved by the highest moral impulses. Of the natural adaptation of the other sex to the care of the sick there is no question, and when we add to this qualification a profound religious conviction of duty, we find concentrated in the individual the true requisites for great usefulness in all charitable offices. Institutions devoted to the culture of these virtues, and to rendering them susceptible of application in practice, deserve the encouragement and support of every Christian community.

We are glad to learn that these institutions are multiplying in widely different parts of the world. They should be able to extend their good influences to every city, and every town where objects of charity exist. In this country we have great need of them, especially at this time, when our immense military hospitals are requiring the highest degree of skilled nursing. We are aware of but a single Institution of Deaconesses in this country. This is located in Pittsburg, and was founded about fourteen years ago. It has furnished, under the Directorship of the Rev. Mr. PASSAVANT, many first class nurses to our military hospitals. Had these institutions been formed in all Protestant churches, we should have now had a full supply of well trained nurses. The editor of the paper above quoted very truthfully remarks: "What scores of Hospitals for the sick, Homes for the fatherless, Retreats for the aged, Refuges for the fallen, and Schools for the neglected, might we not have over this goodly land! What healing and comfort might we not bring to the wounded and languishing in our army, with such trained and disciplined nurses! Indeed, there is no limit to the good which might be done by such an association, laboring in the spirit of our evangelical faith, and after the manner of the primitive deaconesses! But will this ever be?"

WEEK.

THE *London Lancet* makes the following comments upon the Report of the Boston Society, "on the alleged dangers which accompany the inhalation of sulphuric ether."

"We have not the least doubt but that the Boston Committee has believed itself justified in coming to this decision. We, upon the contrary, think it has mystified itself in a maze of special pleading and assumption. The same desire

to seek for a more recondite cause of death than that by ether applied to the fatal cases from chloroform, would equally acquit this agent also, and explain away half of its alleged mortality. The details of many of the cases given in the Report are, no doubt, of such a kind as to show that the inhalation of ether was probably not unavoidably and unquestionably the cause of death, unhelpt by contingent circumstances. But may not the same thing be said of many of the recorded deaths from chloroform? Further, the perusal of other cases cannot but lead the unprejudiced mind to think that to the ether, and the ether alone, is the fatal event to be attributed. Only let the word *chloroform* be substituted for *ether* in these instances, and the Boston Reporters would not have much hesitation in assigning the cause of death. We do not think, then, that our American *confères* have by any means proved the perfect innocuousness of ether. They have published, however, a very interesting Report."

The *Med. Times & Gaz.* has the following note:—

"No one can read the Report upon which the above conclusions are founded, without being struck with its partisanship. 'Ether and nothing but ether' has evidently become a Bostonian maxim which must be maintained at all hazards. We were not aware of the increasing conviction in its favor which the Reporters tell us is spreading in Europe. Fortunately, as an antidote to the exclusiveness of their conclusions, they have appended abstracts of the forty or fifty alleged deaths from the employment of ether; and certainly no one can peruse these without feeling convinced that in several of them the charge is substantiated. These may be few; but when we consider the fact that the use of ether is well-nigh abandoned, while chloroform is annually employed in thousands on thousands of cases throughout entire Europe, the disproportion of resulting accident is not so great; and in neither case is it greater than appertains in any other powerful article of the *Materia Medica*."

THE following are the views of the representative of French Surgery on the resection of the head of the femur, as given by a correspondent of the *Lancet*:

M. VELPEAU has taken up the cudgels on behalf of French surgery, and on Tuesday last at the Academy of Medicine undertook to exculpate the Parisian school from the charge of having either ignored or neglected the operation of hip-joint resection. So far, indeed, was the speaker carried by his patriotic zeal, that he actually made out a case of priority in favor of France, and asserted that many years ago the subject was discussed in this country, and that before it had been even thought of elsewhere. "If," added M. Velpeau, "we do not often resort to this surgical expedient, the reason most probably is, that we cure more of those affections to which it is applicable than our foreign brethren. One undeniable fact is, that internal measures and medical treatment with us form a prominent part of the curative system; and to a neglect of these points by the surgeons of other countries may be attributed the necessity for this operation. The English surgeons for the most part have no medical degree, and, being less of physicians than we are, are consequently more disposed to adopt exclusively surgical measures In dealing with the question of risk to the patient in the performance of this resection, I must remark that on such occasions justice is very rarely rendered to the surgeon, the dangers of the operation being so invariably confounded with those of the malady. Considered by itself, this operation is neither dangerous nor very difficult; and if we perform it less than our neighbors, the fact has been attributable to our having had less occasion for it." M. Velpeau terminated by hinting that there might also exist some difference between the English and French constitution, and stated it as his decided opinion that there were some operations which succeed better in one country than in another. His conclusion was as follows: "I should not think of resorting to

disarticulation until the life of my patient was menaced by the progress of suppuration, and until I felt satisfied of the existence of extensive necrosis; and before commencing the operation I should require the assurance of a physician that no internal complications existed to counterindicate its performance or compromise its result: with these reserves, I admit the propriety of the operation."

THREE of the Medical Officers of the French armed vessels now visiting our port (DR. MAUGER, Chief, and two of his colleagues), visited the New York Hospital on Monday the 23d ult., and were received by the attending physicians and surgeons. After going through the principal wards of the central and south buildings, a number of medical and surgical cases attracted the particular attention of the visitors, and elicited remarks showing the lively interest they took in the methods of treatment employed, some of which were new to them. The method of heating, ventilation, the buildings, and the cleanly condition of every part of the institution, called forth expressions of high commendation. The pathological cabinet was then inspected; after which the company convened in the library-room, where an ample collation was spread.

Members of the Board of Governors, the Consulting Physicians and Surgeons, and other invited members of the profession, joined the company, and participated in the entertainment. DR. A. H. STEVENS presided, and prefaced the proceedings with an appropriate address. DR. BUCK, the Senior Attending Surgeon, on behalf of his colleagues, then made an address to the guests in French, of which the following is a translation:—

"GENTLEMEN AND HONORED COLLEAGUES—The Physicians and Surgeons of the New York Hospital esteem themselves happy to have this opportunity of entertaining such worthy representatives of the medical corps of the French navy. Numerous historical recollections tend to strengthen the bonds which unite our respective nations. Several of our own number have had the privilege of visiting your metropolis and availing themselves of its immense resources for medical education. The remembrance of these advantages is ever present and agreeable. Gathered to-day within these walls where the most brilliant triumphs of American surgery have been achieved, we beg leave to express to you our sentiments of gratitude and consideration.

"It was here, gentlemen, that our eminent Dr. Mott, in 1819, astonished the scientific world by the ligation of the arteria innominata for the first time. It was here, too, that our regretted Rodgers, in 1845, applied for the first and only time a ligature to the left subclavian artery on the inner side of the scaleni muscles; an operation declared impracticable by distinguished surgical authorities, and which the renowned Sir Astley Cooper attempted, but was obliged to abandon. Accept, gentlemen, our cordial welcome, and the assurance of our sincere fellowship."

DR. MAUGER replied, that he and his colleagues were deeply sensible of the honor conferred upon them by this friendly reception. They had been exceedingly gratified with what they had seen of the hospital. They should retain a most agreeable recollection of their visit, and would delight to have an opportunity of reciprocating these civilities on their own shores. Other gentlemen made brief and appropriate remarks suitable to the occasion. After partaking of the ample collation, the company broke up, every one appearing highly gratified with the agreeable entertainment.

GERMANY has its NATIONAL MEDICAL CONGRESS. Its organization resembles the Association in this country, and like

the latter, is migratory in its character. Its last session was recently held at Speyer, and seems to have been very fully attended. It is divided into Sections, the Medical being as follows:—The Physico-Chemical; the Medical; the Gynecological; the Surgical, and the Anatomical and Physiological. In the discussions before these Sections we find the well known names of Virchow, Schönbein, Czermak, Roser, and others. The Society was received by the town authorities with many compliments, and its Session in that city seems to have been regarded by the people as an honor.

Reviews.

A REPORT TO THE SECRETARY OF WAR OF THE OPERATIONS OF THE SANITARY COMMISSION, AND UPON THE SANITARY CONDITION OF THE VOLUNTEER ARMY, ITS MEDICAL STAFF, HOSPITALS, AND HOSPITAL SUPPLIES. December, 1861. Washington, D. C.: 1861. 8vo., pp. 107.

THE columns of this journal have borne ample testimony to the appreciation and friendly interest that is entertained by us and the medical profession generally in the objects and efforts of the Sanitary Commission for the Army. We have endeavored to preserve in our own minds a vivid and just estimation of the peculiar character and unprecedented value of the lives and health of the hosts of patriotic soldiers that are swelling the *corps d'armées* from the Chesapeake to Kansas, to the unparalleled aggregate of nearly a million of citizen soldiery. The history of modern warfare has left the estimates for disability from disease, as given in the writings of SIR JOHN PRINGLE, but little more creditable to army hygiene than were those a century ago. From twenty to twenty-five per cent. of those who have escaped the wounds of battles, have almost inevitably been left sick in the hospitals at the end of campaigns. The average rate of sickness in Wellington's peninsular campaigns was twenty-one per cent., constantly sick, of the total strength; and in the Crimean war the rate reached the enormous average of 26.6 per cent., while the death rate went up to twenty-three per cent. of the total strength, three per cent. being from wounds and casualties of war, and twenty per cent. from disease.

In view of such unerring and terribly significant records it would be difficult to overrate the importance of the work undertaken by the United States' Sanitary Commission. With eager interest have we noted and perused the documents and special reports issued by the Commission, until now, when the *thirty-sixth* has reached us; some of these papers being advisory and suggestive, others being for inquiry or instruction. At last, at the close of the year and of the first seven months' work, an elaborate and able Report has been presented to the Secretary of War. It is a document worthy the enlightened philanthropy and patriotism of the noble men composing the Commission. The following topics are specifically treated of in this Report:

"Organization and Duties. Preliminary Survey. Financial Basis. Advice. Inquiry. Condition of the Volunteer Army; Time of Recruiting, Nativity, Age, Inspection of Recruits, Situation of Camps, Water, Occupation of Camp Sites, Natural Drainage, Artificial Drainage, Camp Arrangement, Tent Accommodation, Ventilation, Tents, Flooring, Privies, Disposition of Offal, Stables, Camp Police in general, Clothing, Cleanliness, Food, Company Funds, Hospital Fund, Cooking, Sutlers, Drunkenness, Discipline, Recreations, Regimental Bands, Remittances of Pay, Qualifications of Surgeons, Camp Hospitals, Classification of Hospitals—Table, Resumé of Sanitary Condition of Regiments—Table, Mortality, Diseases and Casualties; Extent and general character of diseases, Quinine as a prophylactic. Disposition of the Sick—Table; Prevalent Diseases, Diseases and Casualties of the Army

Statistically Classified—Table, Number of Diseases and Casualties of each class and order to 1000 treated. Tendencies of Disease; Typhus, Measles and Small-pox. Military Hospitals; Defect in Present Hospital Arrangements, Relation between General and Regimental Hospitals, Technical Difficulties in the Hospital System. Medical and Surgical Service of the Army; Regular Service, Volunteer Service, Transportation. Volunteer Hospital and other Supplies; Depots of the Commission, Freight, Amount of Supplies Distribution, System of Distribution, Reserved Stock of Supplies, Insufficiency of Government Reserves, Supplies for men in the Field. Special Relief to Volunteers in Irregular Circumstances. Distribution of Advisory Documents. Record of Burials. Disbursements. Members of the Commission. Importance of Military Hygiene. Appendix: I. Officers of the Commission. II. Staff of Inspection. III. Example. IV. Notes on Bull Run. V. Ambulance. VI. Volunteer Army Supplies."

As this important Report may not be placed within reach of most of our readers, we will make the following interrupted quotations from its various chapters:—

Duties.—"The Commission has, from the first, fully recognised the fact that its office was purely auxiliary and advisory, and that it was created solely to give what voluntary aid it could to the Department and the Medical Bureau, in meeting the pressure of a great and unexpected demand on their resources.

"The Medical Bureau especially, organized with reference to the wants of an army of only a few thousand men, seemed likely to be most seriously embarrassed in its operations, when called on to provide for a newly levied force of several hundred thousand, especially as both the officers and men of these hastily assembled regiments were mostly without experience, and required immediate and extraordinary instruction and supervision to save them from the consequences of exposure, malaria, unwholesome food, and other perils of camp life.

"The Commission met for the first time at Washington, on the 12th June last, and proceeded to organize and to settle, so far as was then possible, the general scheme of its operations.

Advice.—"For this purpose the Commission proceeded, as speedily as possible, to secure the services of a body of physicians specially fitted for the required duty, and to send them into the field at various points from Fort Monroe to St. Louis. * * * Fourteen well qualified physicians are now employed by the Commission, each having a defined portion of the army under his observation. Six other gentlemen, each possessed of special acquirements, are engaged on special duties."

"Among the subjects to which their attention is especially directed, and on which they are required to make detailed written reports, are the quality of rations and of water, the method of camp cooking, the ventilation of tents and quarters, the drainage of the camp, the healthfulness of its site, the administration of the hospital and the sufficiency of its supplies, the police of the camp, the quality of the tents and of the clothing of the men, the material used for tent flooring, if any, etc., etc. * * * The effect of the advice given by the Inspectors of the Commission is found not to be confined to the particular camp visited, or to the officers with whom they converse. The example of one regiment in reforming abuses and enforcing sanitary laws is very generally followed by others near it, and an emulation is excited among company and regimental officers, the beneficial effects of which have been noticed in many cases where an ill-regulated regiment has been transferred to the neighborhood of a cleanly, well-policed, thoroughly drained, and salubrious camp. * * *

Inquiry.—"After the inspection of each camp or post, the inspector is required to make an elaborate report upon its condition. This report consists mainly of written answers in the most exact and concise form to a series of printed questions, one hundred and eighty in number, covering every generally important point connected with the sanitary condition of the army.

"More than four hundred of these reports have been received by the Commission. Their results are carefully tabulated, and suitable digests prepared by an accomplished actuary. The Commission is not without hope, if it should be enabled to continue its operations, eventually to lay before the country a body of military medical statistics more complete, searching, and trustworthy than any now in existence."

The following is an imperfect abstract of some of the results of the work in the field of inquiry, based upon accurate and repeated inspection returns in two hundred regiments:—

Average Time of Recruiting—6 weeks; **Nativity**—76½ per cent. are native Americans, Germans, 6¼, Irish, 5¼; **Average Age**—A little below 25 years, more than half are under 23, and the number at 20 is twice that at 25 years; **Inspection at Enlistment**—Not inspected in 58 per cent., in 9 per cent. there had been thorough re-inspection. A careful examination of the causes officially assigned for the discharge of 1,620 men from the army of the Potomac, as unfit for service, during the month of October, leads to the startling conclusion that fully 53 per cent. of the whole number were thus discharged on account of disabilities that existed at and before their enlistment, and which any intelligent surgeon ought to have discovered on their inspection as recruits. This conclusion is sustained by information from other sources. These men had each, probably, cost the Government at least one hundred dollars for his pay, rations, clothing, transportation, medicines, etc., making an aggregate of over eighty thousand dollars absolutely wasted on men who ought never to have been enlisted.

Situation of Camps.—* * * The regimental surgeon has seldom been consulted on the subject. * * * **Period of Occupation**—21 days. * * * **Tents**—58 per cent. are in wedge-tents; 10 per cent. in wall-tents; 7 with the bell, and 19 with the Sibley (conical). * * * **Cleanliness**.—In 80 per cent. daily washing and personal cleanliness was attended to by authority, and shirts washed once a week.

Food.—"Everywhere abundant, but with a lack of fresh vegetables." **Discipline, etc.**—Average number of men in guard-house daily, two and three-fifths in each regiment. **Recreations**.—One-fifth of the regiments have libraries, 42 have athletic sports, 143 have bands of music. * * *

Camp Hospitals.—"The arrangement, equipment, and supplies of the Regimental Hospitals are reported to have been in one hundred and five (105) of the regiments, good; fifty-two (52) indifferent or tolerable; twenty-six (26) bad.

"In thirteen (13) regiments, no hospital whatever had been organized. As to four, there is no report.

"The following table shows the aggregate strength of the two hundred regiments under consideration. The numbers sick in hospitals and in quarters; the proportion sick in hospitals and quarters to every 1000 strength, and to every 1000 cases on the sick list:

Of 200 regiments last visited previous to November, 1901.	Aggregate numbers.	Present strength on sick list.	
		Proportion to every 1,000.	Proportion to every 1,000.
Strength when mustered.....	174,639		
Strength when inspected.....	174,049		
On sick list at time of inspection..	12,841	73	1,000
Sick in General Hospital.....	2,756	16	215
" Regimental Hospital.....	2,978	17	231
" Quarters.....	7,112	40	654

"The average number of men constantly sick in the regiments from several of the States respectively, is nearly as follows:

New York, (per thousand strong,)	55
Pennsylvania, " "	57
Massachusetts, " "	52
Connecticut, " "	49
Vermont, " "	88
Maine, " "	124
New Jersey, " "	36
Wisconsin, " "	76
Indiana, " "	42
Michigan, " "	76
Illinois, " "	156
Ohio, " "	192

The average length of time lost for active duty, in each case of sickness reported, has been a little more than five days (5.18).

"It has happened in more than one instance that upon an order to advance against the enemy being given, every man of a regiment then on the sick list immediately reported himself well, was discharged, and shouldered his musket in the line of battle. It is probable that at least one-half those returned as sick by the surgeons of volunteers would do the same, under similar circum-

stances; that proportion being excused from duty on account of a cold in the head, severe fatigue, or a slight indigestion.

Mortality.—"The average mortality of the army of the Potomac has been, during the summer, at the rate of 3¼ per cent., (allowance being made for those who die after their discharge, from causes connected with army life.) Imperfect data received from the West indicate a considerably larger rate for the whole army; probably it will not be far from 5 per cent. if sweeping epidemics should be escaped."

DISEASES AND CASUALTIES OF THE ARMY STATISTICALLY CLASSIFIED.

Diseases, etc.	Number of Cases Treated.		
	Army of Potomac.	Army of the West.	Aggregate.
All Cases.....	15,439	12,215	27,654
Specified Cases.....	15,439	12,057	27,526
(Classes.)			
Zymotic Diseases.....	9,437	9,393	18,665
Constitutional Diseases.....	193	77	270
Local Diseases.....	4,787	2,086	6,823
Developmental Diseases.....	530	427	947
Violence.....	552	369	821

At a future time we will present to our readers both the argument and the elaborate statistical tables by which the Commission urges, with masterly cogency, the importance of an improvement in the regulations relating to the medical and sanitary statistics of the army. The subject of educational, departmental, and other improvements needed in the medical service, also requires special notice. The Report boldly enunciates strong convictions upon these points; as it likewise does concerning needed improvements in the organization and management of military hospitals of every class.

Advisory and Scientific Publications.—"The Commission, having enrolled among its associate members many distinguished members of the medical profession throughout the loyal States, has thought it fairly within the scope of its duties to invite them to aid in the protection of the army against disease, by the preparation of papers intended to embody in a brief compass the latest results of medical and surgical science, in regard to various special points of great practical importance, as to which some of our volunteer surgeons, necessarily inexperienced in their new field of army medicine, surgery, and hygiene, and without access to libraries, may need information and advice. The duty of compiling these papers has been confided by the Commission to leading members of the profession in our principal cities; and papers on re-vaccination, on the treatment of camp fever, on dysentery, and on certain surgical operations of importance, but not universally understood, are now completed or in progress. These the Commission proposes to print, and to place in the hands of every member of the medical staff."

Record of Burials.—"The Commission has endeavored to obtain information by which the place of burial of the volunteers who have been killed in battle, or who have died in hospitals, may be established. They have also elaborated a system of records for those dying in hospitals, and of indications of their burial-place, by which their bodies may be identified; which has received approval, and been ordered to be carried out, blanks and tablets for the purpose being furnished to each regimental quartermaster."

Such labors require no comment from us. They have been conceived and are prosecuted in the true spirit and by the most enlightened intelligence of our profession. Their reward is on high. The Report truly states that—

"The one point which controls the Commission is just this: a simple desire and resolute determination to secure for the men who have enlisted in this war that care which it is the will and

duty of the nation to give them. That care is their right, and, in the Government or out of it, it must be given them."

Are our brethren throughout the land fully aware of the purposes and the wants of the Sanitary Commission, and will they see that its operations are not crippled by any lack of material aid? Why should not every physician present its claims to the people of his neighborhood? It is emphatically the medium through which the affectionate hearts and hands at home minister most directly and effectively to the health and comfort of their loved ones in the army, and to the strength of their country's cause. Unless the Government will assume the support and control of this or similar machinery for effectual sanitary surveillance and instruction, we say let the means of the Sanitary Commission be quadrupled.

Correspondence.

OBSEQUES OF M. SCRIVE.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—M. Scrive, Inspector of the *Service de Santé* of the French army, was buried on the 21st of October last. His remains were followed to the grave by a large number of distinguished men. Three speeches were pronounced over the tomb of that illustrious surgeon. It will, I think, interest medical men, and particularly military surgeons, to read the speech of Baron H. Larrey, which embodies the principal events of Scrive's life. I therefore submit a translation.

BARON LARREY said:—Scribe (Gaspard Léonard), born at Lille, January the 13th, 1815, belonged to an honorable commercial family of that city. Called by taste to the study of medicine, and by vocation to the medical military service, his labors met with encouragement and success. He entered service at seventeen, in 1833, as student in surgery at the Military Hospital of Instruction at Lille, and there obtained the first prize at the competition of 1834. Appointed Under Assistant-Surgeon (*Chirurgien Sous-aide*) at the same hospital, towards the end of that year, he was transferred to the hospital of Lyons during the epidemic of cholera which raged in the south of France, and spent the following year at the Val-de-Grâce, where he filled the place of preceptor of anatomy. In 1837 he obtained the first rank at the competition for the grade of Assistant Surgeon-Major (*Aide-Major*), and was sent to the active ambulances of the army of Africa. Attached particularly to the Hospital of Douéra, which formed then a vanguard pass, he gave there the proofs of a surgical skill which presaged for him a brilliant career.

He belonged first to the 7th Light Infantry, then in 1838 he joined the 17th of the line, and in 1840 entered the hospital service. He was first stationed at Strasbourg, having failed in a competition for the chair of Surgical pathology at the Val-de-Grâce. A short time after this, February, 1841, he was successful in a competition for a chair in the *Hospitals d'Instruction*, and was appointed professor at Lille, with the rank of Assistant Surgeon-Major of first class (*Aide-Major 1ère class*).

In 1844 he was promoted to the rank of Surgeon-Major, second class (*Chirurgien-Major, 2ème class*), and in 1847 to that of Surgeon-Major, first class, at the same station. The hospitals of instruction were suppressed, and he gave up teaching. In 1851 he entered the Hospital of Valenciennes as *Chef de Service*, and in 1852 he was appointed principal physician of second class (*médecin principal*) in the hospitals of Oran.

Lastly, M. Scrive was at Mostaganem in 1854, when he had the honor of being appointed head of the medical staff of the French army in the Crimea. The following April he was promoted to the rank of physician in chief of first class (*médecin principal de 1ère classe*), and two years

later to that of physician inspector (*médecin inspecteur*), as a reward for his excellent services, and his prodigious activity during the whole course of that memorable campaign.

He was doubly and nobly rewarded in the Legion of Honor, for his services. At the end of December, 1854, he was made a *chevalier*, and as early as the month of August, 1855, he was promoted to the rank of officer. At that time he received also the foreign orders of Commander of the Turkish order of *Medjidié*, of Knight Companion of the Bath (English order), of the Sardinian order of St. Lazare (2d class), and of the Crimean medal of England, showing by his four clasps the active part he had taken to tell the phases of the expedition of our valiant army from the first day of their departure from France, to the last moments of their occupation of the Crimea.

Scribe had already been initiated in Africa to the service of military surgery, first, as assistant-surgeon major of *ambulance*, at the battle of Oued-halley, December, 1839; then in 1840, at the taking of Cherchelle, at the passage of the Col de Téniah, and at the taking of Médéah. He was also with the Seventeenth at the more advanced post of Mitidjah, when the war with the Arabs kept our troops constantly on the alert.

Scribe possessed excellent qualities for the practice of military surgery in the midst of the vicissitudes of war. He was endowed with a strength that could stand the hardest task, with an activity which multiplied efforts, an inventive mind which improvised resources, and that knowledge which appreciates the nature of disease, and the talent which directs and insures the means of remedying it, and the solicitude which provides for successful results.

As Professor of Surgical Pathology and Operative Surgery in the Hospitals of Instruction he had shown great aptitude for teaching, and the advantages of a good method when united to learning and skill. He had worked hard to attain to this proficiency, for he had not yet acquired that vast experience which latter was to complete his learning on the vast field of the Crimea.

Scribe obtained the degree of Doctor of Medicine from the Faculty of Medicine of Paris, in 1837, and was appointed corresponding member of the *Société de Chirurgie*, towards the end of his career in 1859. He has published several estimable works; and has furnished the Council of Health with useful information on military medicine and surgery.

In his *Relation Médico-Chirurgicale de la Campagne d'Orient*, he tells us in the introduction the difficult condition in which the French army was situated, the distances to be travelled, the obstacles to be overcome, and the diseases to be borne; epidemics more disastrous than all the wounds of the battle-field, dysentery, cholera, scurvy, and above all typhus fever, that destructive scourge of the strongest armies, carrying in its train, and even afar off, contagion and death.

Promoted to the rank of *Inspecteur du Service de Santé*, M. Scrive displayed in the exercise of his functions all the activity, all the zeal he had manifested in his important mission to the East; it is not for us to seek here for the causes of his decline (the most probable being undoubtedly a slow but progressive change in the state of his health). Our colleague became sad, uneasy, dissatisfied, and discouraged without apparent reason, since he had, so young, attained the apogee of his career.

Scribe was tall, of a vigorous constitution, with a bright intellect, and a disposition at the same time gentle and impetuous. He was actuated by the generous sentiments of an upright and honest heart; but he also allowed himself to be led astray by the impulses of too ardent an imagination, or by the illusions of his impressive nature.

Affected with a chronic dysentery, the first attacks of which he had felt in the Crimea, in the midst of that campaign, so long and so painful, our unfortunate colleague had felt, for already more than two years, a deep disturbance in his health; he had even experienced some of

the alarming symptoms of a disease of the liver, and notwithstanding the great moral energy with which he was endowed, had felt much grief at his situation.

Living almost isolated with his family, who surrounded him with the tenderest care, in a country-house at Clamart, where he spent summer and winter, he suffered also at not being any longer able to give a free scope to the inspirations of his active organization, and this suffering must have aggravated his condition.

The death of Scrive has been sudden though anticipated. Prepared long ago by the fatal influences of the Crimea; threatening, two years ago, from a double disease of the intestines and of the liver; more imminent still from a recent pleurisy and a relapse, it was suddenly produced by an affection of the brain, whose origin seems to go back also to that glorious campaign, in which our regretted colleague had generously exhausted all the efforts of his activity to fulfil, to the end, his laborious and painful mission.

The regrets of all our *confrères* will be to the memory of Scrive—a pledge of well deserved sympathy. May I have been the faithful interpreter of their sentiments in this loss. Adieu!

Yours, etc.,

D. F. C. DESLANDES, M.D.

ARMY MEDICAL STATISTICS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In the abstract of Senator Wilson's bill relating to the Army Medical Staff, as given in your editorial columns, it does not appear that any special provision is to be made for the better utilization of the medical statistics of the army. The absence of such a provision would appear to be a defect, inasmuch as statistical inquiry is an essential basis for improvements and reforms—be they economical or humane.

The practical importance of accurate and systematic statistical inquiry, records, and reports, in the medical department of a large army, is too well understood to require new arguments in favor of insuring the proper performance of such duties by skilled hands specially designated for the work. The valuable service that the Army Medical Bureau has performed in the voluntary preparation of its three elaborate "Reports on the Sickness and Mortality in the Army," present honorable testimony to the willingness and desire of the army staff to contribute the results of their observations and experience to the advancement of medical science, and the promotion of military and hygienic economy. But while those valuable reports bear such testimony to the zeal of the staff and to the expert ability of Drs. Coolidge, Wotherspoon, and Forry, who, at great disadvantage, elaborated them, they also afford internal evidence of the want of a system of inquiry and returns commensurate with the progress and requirements of medical knowledge, and adequate to meet every demand that may properly be made upon medicine and hygiene by both the economic and strategic interests of the army. The introduction of needed improvements in the system of records and reports, and the establishment of a special statistical department in the medical bureau, with the ablest medical statistician in the army in supervision, would produce results of great practical value. At the suggestion of Sir Sidney Herbert's Commission of Sanitary Inquiry, the British Government has established a statistical branch in the Director-General's office at London, and a special committee, consisting of Dr. Farr, Col. Tulloch, and Sir Sidney Herbert, have reported an improved system for the army medical reports and statistical records. By that system, "the reports will present an exact and comprehensive view of the army. They will show, *week by week*, the number of effective men, and the number ineffective from each particular cause. They will supply the means of determining methodically the health of the army in peace or in war." And, as the committee has truly asserted, "they will every

year contain new contributions to the science of health." That committee also make the following statement:

"If the statistical reports help the Secretary of State for War to reduce largely the sickness of the army in peace and in war, they will, it is plain, save thousands of pounds annually in the estimates. At the same time they will effect a still more important saving; for *they will save the lives of the soldiers*. If soldiers die in battle by hundreds, they die of disease, in hospitals, by thousands. * * *

"Under the system we propose, medical officers will be able to record their observations with increased accuracy, to classify phenomena and to discuss the relation of every order of facts. A good system of army reports will enable the Army Medical Department to develop all its energies, and to distinguish itself by sanitary discoveries, which will increase the efficiency of Her Majesty's army, advance science, and be beneficial to mankind."

This noble view of the utility of medical statistics and their systematic analysis and official presentation applies as truly to the American as to the British army. We express no doubt that the Medical Bureau does all in its power to make the reports and statistical returns of the Army Medical Department permanently useful; but it is no secret that the Bureau, as at present constituted by law, is overwhelmed with its merely clerical and administrative duties. Its constantly accumulating and imperfect statistics and reports can only be studied and utilized at distant and uncertain intervals.

With some fourteen hundred medical officers in the Federal army, and with a prospect of greatly increased importance and responsibility in that branch of professional service, the highest requirements of medical knowledge should be promptly provided for by the harmonious action of the Government and the profession. Animated by principles of patriotism and humanity, such harmonious action would very speedily provide for every needed improvement in the medical service; there would be an adequate division of labor, and the mooted question of *selection* versus *succession* to the purely administrative offices of the department would be quickly and satisfactorily adjusted.

PHILA., Dec. 26, 1861.

J. C.

Army Medical Intelligence.

HEALTH OF TROOPS AT FORTRESS MONROE.

[Army Correspondence of the AMERICAN MEDICAL TIMES.]

FORTRESS MONROE, VA., Dec. 14, 1861.

The following statistics from the reports of the medical officers of this division of the army, for the months of October and November, are at your disposal.

There were reported on the last day of October, 9821 enlisted men, and 408 officers. There were during the month, 3982 cases under medical treatment; 96 of whom were sent to the General Hospital, 2998 were returned to duty, 21 received a furlough, 34 were discharged from service, 1 deserted, and there were 22 deaths. There remained sick 285, and 535 were convalescent. The principal diseases were: of fevers, 28 cases of congestive, 24 of continued, 464 of intermittent, 326 of remittent, 3 of typhus, and 61 of typhoid; there were 7 cases of erysipelas, 7 of rubeola, 11 of cholera morbus, 119 of colic, 109 of constipation, 552 of diarrhoea, 75 of dysentery, 7 of gastritis, 1 of hæmatemesis, 35 of tonsillitis, 99 of bronchitis, 179 of catarrh, 4 of hæmoptysis, 2 of laryngitis, 15 of phthisis pulmonalis, 16 of pleuritis, 13 of pneumonia, 1 of carditis, 11 of endocarditis, 2 of pericarditis, 49 of cephalalgia, 1 of chorea, 4 of delirium tremens, 5 of epilepsy, 4 of mania, 1 of meningitis, 9 of neuralgia, 1 of paralysis, 7 of syphilitic bubo, 53 of gonorrhoea, 4 of nephritis, 9 of orchitis, 9 of primary syphilis, 20 of secondary syphilis, 1 of hydrocele, 26 of lumbago, 118 of acute rheumatism, 56 of chronic

rheumatism, 16 of abscess, 5 of paronychia, 14 of phlegmon, 27 of ulcer, 25 of contusion, 1 of fracture, 3 of hernia, 3 of luxation, 24 of sub-luxation, 40 cases of incised wound, 6 of contused and lacerated, and 45 of gunshot, 24 cases of ophthalmia, 14 of otitis, 2 of simple bubo, 22 of hæmorrhoids, 1 of nostalgia, and 1 of scorbutus.

The deaths, 6 of which occurred at the General Hospital, were from the following diseases: 8 of typhoid fever, 3 of typhus fever, 3 of pneumonia, 2 of dysentery, 1 of nephritis, 1 of pleuritis with effusion, 1 of diphtheria, 1 of uræmia, 1 of perforation of intestine, and 1 was shot by accident.

From the register I take the following: there have been during the month 4 days of rain, 11 cloudy, and 20 fair. The mean temperature for the month was 67°, the maximum 86°, the minimum 55°.

On the last day of November the following medical officers were in charge in this Division: John M. Cuyler, U.S.A., Medical Director, etc., Fortress Monroe; R. B. McCay, Brigade Surgeon, Purveying Department; Reed B. Bonticon, Brigade Surgeon, General Hospital; John W. Hunt, 10th Regt. N. Y. Vols., garrisoning Fortress Monroe; R. K. Browne, Brigade Surgeon, Camp Hamilton; D. W. Maull, 1st Regt. Del. Vols., Geo. S. Potter, 45th Regt. Pa. Vols., Johnson Clark, Union Coast Guard, Julius Hausen, 20th Regt. N. Y. Vols., C. C. Jewett, 16th Regt. Mass. Vols., Orpheus Everts, 20th Regt. Ind. Vols., Camp Hamilton; Josiah Curtis, Brigade Surgeon, Camp Butler, Newport News; John Howe, 1st Regt. N. Y. Vols., Lee Roy McLean, 2d Regt. N. Y. Vols., Franz R. Staehl, 7th Regt. N. Y. Vols., John M. Forshie, 11th Regt. N. Y. Vols., W. H. Bradley, Mass. Battalion, Camp Butler, Newport News; T. H. Bache, Brigade Surgeon, 1st Regt. U. S. Artillery, Co. C., Fort Hatteras, N. C.; Geo. H. Humphrey, 9th Regt. N. Y. Vols., Camp Wool, Hatteras; D. Minis, 48th Regt. Pa. Vols., Camp Clark, Hatteras.

There were reported 12,213 enlisted men, and 498 officers. There were 4009 cases under treatment during the month; of these 166 were sent to the General Hospital, 2820 were returned to duty, 19 received furlough, 75 were discharged from service, 1 deserted, and 38 died. There remained sick 375, and 519 convalescent. The diseases were, of fevers, 42 cases of continued, 314 of intermittent, 252 of remittent, 73 of typhoid, 23 of typhus; there were 7 cases of erysipelas, 81 of rubeola, 1 of variola, 9 of cholera morbus, 23 of colic, 141 of constipation, 365 of diarrhoea, 36 of dysentery, 29 of gastritis, 1 of hæmatemesis, 18 of hepatitis, 21 of tonsillitis, 135 of bronchitis, 193 of catarrh, 5 of laryngitis, 5 of hæmoptysis, 12 of phthisis pulmonalis, 7 of pleuritis, 19 of pneumonia, 17 of cephalalgia, 1 of delirium tremens, 1 of mania, 4 of meningitis, 14 of neuralgia, 1 of paralysis, 10 of syphilitic bubo, 43 of gonorrhoea, 2 of nephritis, 15 of orchitis, 14 of primary syphilis, 8 of secondary syphilis, 2 of hydrocele, 14 of lumbago, 153 of acute rheumatism, 30 of chronic rheumatism, 25 of abscess, 2 of carbuncle, 4 of paronychia, 14 of phlegmon, 46 of ulcers, 29 of contusion, 5 of fracture, 17 of hernia, 1 of luxation, 16 of sub-luxation, 54 of incised wound, 3 of contused and lacerated wound, 3 of punctured wound, 13 of gunshot wound, 3 of amaurosis, 23 of ophthalmia, 6 of otalgia, 2 of simple bubo, 8 of hæmorrhoids, 1 of necrosis, 2 of prolapsus ani, and 2 of scorbutus. The remaining were of no interest. Of the deaths, 13 died at the General Hospital. The diseases were, from typhoid fever, 16; meningitis, 4; phthisis pulmonalis, 4; pneumonia, 2; bronchitis, 1; laryngitis, 1; typhoid pneumonia, 1; gunshot wound, 1; remittent fever, 1; dysentery, 1. There were 3 drowned, 2 shot by accident, and 1 died from injuries received by being run over. During the month there were 3 rainy days, 8 cloudy, and 22 fair. The mean temperature for the month was 53½°, the maximum 70°, the minimum 38°.

J. W. HUNT,
Surgeon 10th Regt. N. Y. Vols.

Medical News.

DEATH OF STEPHEN S. GRISWOLD, M.D.—At a special meeting of the N. Y. City Library Association held at the Library Rooms, No. 5 Abingdon Square, on the evening of December 24, 1861, Alfred C. Hoe, Chas. M. Hall, and J. W. Griffiths, the Committee to report resolutions in regard to the death of Doctor GRISWOLD, reported the following, which were unanimously adopted:

Resolved, That the members of this Association have heard with sadness and deep regret that Doctor Stephen S. Griswold, the First President of the Association, is dead, having died in Castle Pinckney, in Charleston harbor, a prisoner held by rebels engaged in tearing down the constitution and laws which the deceased spent his last breath in maintaining; by rebels whose names will be execrated, when his will be entwined with those sadly sweet memories which cluster round the name of him who has died for his country.

Resolved, That this Association is deeply indebted to the deceased for the prosperity it has enjoyed. As its first President, and at the time of his death a Director, he ever exhibited the most untiring energy and perseverance in the performance of his duties, and for the promotion of its interests.

Resolved, That the affliction which we feel in the death of the deceased is chastened by our memory of his character, and by our knowledge that he was a man of entire integrity, of unflinching courage, of perfect truth, and one, therefore, who adorned all the relations of life, and enjoyed the esteem and regard which conduct so regulated is sure to win.

Resolved, That the proof of these characteristics was seen when on the battle-field of Manassas. Regardless of his own safety, he nobly stood by the dying and the dead, and thus performing his duty was taken prisoner, and again seen, when repeatedly offered to be released on parole, he refused, preferring to remain a prisoner and to die rather than to be under the slightest obligation to the enemies of his country.

Resolved, That the members of this Association most deeply sympathize with the widow of the deceased in her great affliction, and hope that, even in her moments of deepest sadness, she may be consoled by reflecting that her deceased husband was her country's son, and he died for it.

Resolved, That these resolutions be entered upon the minutes, a copy be delivered to the widow of the deceased, and his portrait in our rooms be hung with crape.

MEDICAL MEN IN BRAZIL.—"L'Union Médicale" states, in an article on foreign medical events, that in Brazil there are 13 medical men in the Chamber of Representatives out of 120 members, and 2 in the Senate out of 50 senators. The same journal mentions an unfortunate occurrence at Dantzic. It appears that Dr. Stich, chief physician of the hospital there, was tried before a criminal court for having made a wrong diagnosis, the accusation being brought by the Royal College of Physicians of Königsberg. Dr. Stich was simply fined, and the payment was remitted on the occasion of the King's coronation.—*Lancet*.

HEALTH OF NEW YORK FOR THE WEEK ENDING DECEMBER 28TH.—According to the City Inspector's report, there were 359 deaths in the city during the past week—a decrease of 70 as compared with the mortality of the week previous, and three more than occurred during the corresponding week last year. The recapitulation table gives 5 deaths of alcoholism, 4 of diseases of the bones, joints, etc.; 62 of the brain and nerves, 4 of the generative organs, 18 of the heart and blood vessels, 132 of the lungs, throat, etc.; 2 of old age, 46 of diseases of the skin and eruptive fevers, 7 premature births, 38 of diseases of the stomach, bowels, and other digestive organs; 25 of uncertain seat and general fevers, 3 of diseases of the urinary organs, and 13 from violent causes.

TO CORRESPONDENTS.

I. T. B. (U.S.A., Augusta, Ky.)—Acceptable, and will shortly appear.

MEDICAL DIARY OF THE WEEK.

Monday, Jan. 6.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M.
Tuesday, Jan. 7.	{ NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, Jan. 8.	{ NEW YORK HOSPITAL, Dr. Cock, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1s. Hoa, half-past 1 P.M. NEW YORK PATHOLOGICAL SOCIETY, half-past 7 P.M.
Thursday, Jan. 9.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, Jan. 10.	{ NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, Dr. Noyes, half-past 1 P.M.
Saturday, Jan. 11.	{ NEW YORK HOSPITAL, Dr. Cock, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

Rensselaer Polytechnic Institute,
Troy, N. Y.—The seventy-sixth semi-annual session of this Institution for instruction in the Mathematical, Physical, and Natural Sciences, will commence Feb. 19th, 1862. A full course in Military Science is now in progress.

Further information, with the Annual Register, can be obtained of Prof. CHARLES DROWN, Director.

To Physicians.—Timolat's Old Established SULPHUR AND VAPOR BATHS. Introduced in 1820 by L. J. TIMOLAT, from Paris, at No. 1 Carroll Place, Bleeker street, corner of Laurens street, New York. Given daily by
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A Manual of the Dissection of the
Human Body, by Luther Holden, F.R.C.S. 2d edition, illustrated with numerous wood engravings. 8vo. London, 1861. \$5.00.

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A Manual of Minor Surgery and
Bandaging, for the use of House Surgeons, Dressers, and Junior Practitioners, by Christopher Heath, F.R.C.S. Illustrated by engravings on wood. 12mo. London, 1861. \$1.55.

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Medical Climatology; or, a Topo-
graphical and Meteorological Description of the Localities resorted to in Winter and Summer by invalids of various classes, both at home and abroad, by E. E. Scoresby-Jackson, M.D. 8vo. London, 1862. \$3.75.

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Our Domestic Animals in Health and
Disease. 1st division, Organs of Digestion: their Functions and Disorders, by John Gamgee, with numerous illustrations. 12mo. London, 1861. \$1.57.

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Notes on the Surgery of the War in
the Crimea, with Remarks on the Treatment of Gunshot Wounds. By GEORGE H. B. MACLEOD, M.D. Philadelphia, 1861. \$1.50.

Armand, Histoire Medico-Chirurgi-
cale de la Guerre de Crimée. 8vo. Paris. \$1.85

Baudens.—La Guerre de Crimée, les
Campements, les abris, les ambulances, les hopitaux, &c., &c. Second edition, 12mo. Paris, 1858. \$1.

Begin.—Etudes sur le service de
sante militaire en France, son passe, son present, son avenir. 8vo. Paris, 1849. \$1.25.

Bertheraud.—Campagne d'Italie de
1859. Lettres Medico-Chirurgicales écrites du Grand-Quartier général de l'armée. 12mo. Paris, 1860. \$1.00.

Boudin.—Resumes des dispositions
legales et reglementaires qui president aux operations medicales du recrutement, de la reforme et de la retraite dans l'armée de terre. 8vo. Paris. 50 cts.

Boudin.—Systeme des Ambulances
des Armées Francaises et Anglaises. 8vo. Paris. 87 cts.

Boudin.—Souvenirs de la Campagne
d'Italie. 8vo. Paris. 75 cts.

Gross, S. D.—A Manual of Military
SURGERY; or, Hints on the Emergencies of Field, Camp, and Hospital Practice. 24mo. Philadelphia. 50 cents.

Guthrie.—Commentaries on the Sur-
GERY OF THE WAR IN PORTUGAL, SPAIN, FRANCE, and the NETHERLANDS. With Additions relating to the War in the Crimea. 8vo. London. \$4.65.

Hamilton, F. H.—A Practical Trea-
TISE ON MILITARY SURGERY. Fully illustrated. 8vo. New York: 1861. \$2.

On Fractures of Bones and Resection
in Gunshot Injuries. By Dr. LOUIS STROMEYER. 8vo. London. \$1.87.

Outlines of Military Surgery. By
SIR GEORGE BALLINGALL, M.D. 5th edition, 8vo. London. Price \$4.00.

Saurel.—Traite de Chirurgie Navale,
suivi d'un résumé de Leçons sur le service chirurgical de la flotte, par le Dr. J. Rochard. 8vo. Paris, 1861. \$2.10.

Tripler & Blackman.—Hand-Book for
THE MILITARY SURGEON. 12mo. Cincinnati. \$1.

Warlomont. L'Ophtalmie Militaire
à l'Académie Royale de Médecine en Belgique. 8vo. Bruxelles. \$2

Williamson.—Notes on the Wounded
FROM THE MUTINY IN INDIA. With a Description of the Preparations of Gun-Shot Injuries contained in the Museum at Fort Pitt. 8vo. London. \$3.75.

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GUERIN—Balsamic Ointment.
GUILLIE—Anti-Glaious Elixir.
GUILLIERMOND—Syrup Iodo-Tannique.
HEMEL—Powder for Dogs.
HOGG—Cod Liver Oil.
do Pills of Pepsine.
do do do and Iron.
do do do and Proto-Iodide of Iron.
HOMOLLE & QUEVENNE—Granules of Digitaline.
HUFELAND—Digestive Liqueur.
JOY—Pectoral Fumigator, Anti-Asthmatic.
KBRATOPHILE—Pomatum for Horse Hoofs.
LABARRAQUE—Disinfecting Fluid.
do Wine of Quinine.
do Pills of Quinine.
LAREONYE—Syrup of Digitaline.
LAMOUROUX—Syrup of “
LAROCHÉ—Wine of Quinia Bark.
LARRY—Cleansing Syrup.
LARTIGUES—Anti-Gout Pills.
LAURENT—Medicated Dragees.
LAVILLE—Anti-Gout Pills.
do Liqueur.
LEBEL—Scordium Powder.
do Savonules of Copaliba.
LECHELLE—Hemostatic Water.
do Castoreum Nervosine.
do Anti-gout.
do Anti-Dolour, Silk.
do Cleansing Syrup of Larrey.

LECHELLE—Cubeb, Solid and Concentrated.
do Anti-Putrid Water.
do Anti-Fever Powder.
do Collyre Divin (Eye Wash).
LERAS—Liquid Phosphate of Iron.
do Dragees of do do.
do Syrup of do.
LEROY—Vomitif.
do Purgatif.
do Pills.
MATHEY-CAYLUS—Capsules par Copaliba, &c.
MEGE—Fur Copahine, &c.
MENE MAURICE—Acoustic Oil.
MONDINI & MARCHE—Cachou of Bologna.
MOTHES—Capsules of Copaliba.
do of Cod Liver Oil.
MOURIES—Farina for Children.
do Chocolate do.
NAFE—See “Delangrenier.”
OLIVIER—Depurative biscuit.
PAUL GAGE—Taffetas.
do Anti-glaious Elixir of Guiffé.
PELLETIER—Elixir and Odontine.
PEPSINE—See “Boudant.”
PERSONNE—Iodine Oil.
PETREQUIN—Pills of Proto-Iodide of Iron.
PHILIPPE—Tooth Wash.
do Tooth Powder.
do do Charcoal and Quina.
do Koussou, ordinary dose.
do do strong dose.
PIERLOT—Valerianate of Ammonia.
PRODHOMME—Essence of Sarsaparilla.
QUERU—Cod Liver Oil Jelly.
QUEVENNE—Dragees of Iron reduced.
RACHAOUT—See “Delangrenier.”
RAQUIN—Copaliba Capsules.
REGNAULT—Pectoral Paste.
ROBIQUET—Syrup of Pyro-Phosphate of Iron.
do Dragees of do do.
DR. ROUSSEAU—Celestial Water for the Eyes.
BOYER—Cod Liver Oil.
BOGE—Citrate of Magnesia Powder.
do do Lozenges.
SAMPSON—Injection.
SEDLITZ—Powder.
SEGUIN—Wine.
SEIGNORET—Lozenges of Iodide of Potassium.
SODA—Powder.
TRANCHE LAHAUSSE—Regenerator.
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Original Lectures.

LECTURES ON NEW REMEDIES AND THEIR THERAPEU- TICAL APPLICATIONS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.
By SAMUEL R. PERCY, M.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE II.—PART I.

CORROSIVE CHLORIDE OF MERCURY.*

Hydrargyri Chloridum Corrosivum. U. S.—*Hydrargyri Bichloridum*. Lond.—*Sublimatum Corrosivum*. Dub.—*Sublimatus Corrosivus*. Ed.—*Hydrargyri Perchloridum—Corrosive Chloride of Mercury—Corrosive Sublimata*.

GENTLEMEN:—You will observe that we give you a number of names to this important medical agent, and it is right that you should know all the names by which an article is known. The reason so many different names are used, is because chemists have not been agreed as to the equivalent of mercury. While some have held to the opinion that the combining equivalent is 202, others state it to be 101. Supposing the equivalent to be 101, and you will see by our formula (HgCl), that we have adopted that theory, the present article is correctly a protochloride, while calomel is a subchloride (Hg_2Cl_2). But if the equivalent number is 202, then the present article is a *bi, per, deuto*-chloride (HgCl_2), while calomel is a proto-chloride (HgCl).

But as physicians, you need not be troubled about these names; it is sufficient for you to know them, you need not use them. The United States Dispensary has adopted the best of names to distinguish these two chlorides. The one we are at present considering is called *Hydrargyri Chloridum Corrosivum*, or *Corrosive Chloride of Mercury*, while calomel is known as *Hydrargyri Chloridum Mite*, or *Mild Chloride of Mercury*. Let me advise you always to use these distinguishing names, by so doing you may avoid making serious mistakes.

Preparation. I. *By the Dry Process*.—Mix two parts of dry neutral persulphate of mercury in a porcelain mortar, intimately with one part of powdered and well dried common salt; shake the mixture into a glass flask, which should be only one-third full. Place the flask in an iron dish containing a thin layer of sand, then surround with sand to half its depth, and put the whole into a ring furnace and apply heat, which should be moderate at first. The heat need not at any time be very great, or a considerable portion of the sublimed salt will fuse and fall back again, and thus retard the process. As soon as the sublimate begins to condense upon the upper part of the flask, the mouth is carefully closed to prevent loss. When no more white stellated groups of crystals appear on the surface of the powder at the bottom of the flask, the latter is withdrawn from the sand, cracked by touching it with a wet sponge, and when cold the sublimate in the upper portion of the flask is separated from the glass and kept in vessels excluded from the light.

II. *By the Moist Process*.—Six parts of mercury, fourteen parts of hydrochloric acid (sp. gr. 1.130), and seven parts of nitric acid (sp. gr. 1.20) are mixed in a plain retort, which is placed in a sand bath, a receiver attached without luting and kept cool, whilst the distillation is carried on to dryness. When no more moisture forms in the neck of the retort, the receiver is exchanged for a dry one, the retort is buried as deeply as possible in the sand, and the heat continued until the salt is driven to the upper portion and into the neck of it. The retort is then withdrawn from the sand, a wet cloth applied to the bottom; when cold, the contents separated from the glass, and the pro-

duct, which will be about eight parts, kept in a bottle excluded from the light.

I. Persulphate of mercury and chloride of sodium, when heated together, exchange elements; the oxygen of the oxide of mercury passes to the sodium, and the soda thus formed combines with the sulphuric acid; the mercury and chlorine unite and volatilize, whilst sulphate of soda remains behind; the reactions may be thus explained:—1 at. HgO , SO_3 , and 1 at. NaCl , form 1 at. HgCl , and 1 at. NaO , SO_3 .

II. Hydrochloric acid has no action on mercury, either cold or hot; but when nitric acid also is present, aquaregia forms, and the metal soon dissolves entirely, forming perchloride of mercury, water, and nitric oxide, which forms in the air brown vapors of hyponitric acid; the reactions may be thus explained:—3 at. Hg , 3 at. HCl , and 1 at. NO_3 , form 3 at. HgCl , 3 at. HO , and 1 at. NO_2 .

Properties.—Corrosive chloride of mercury forms a white crystalline mass, consisting of right rhombic prisms heaped together. It is odorless, but possesses a very nauseous metallic taste; it fuses when heated, and volatilizes readily and completely. One part dissolves in sixteen parts of cold and in three parts of boiling water, in two and a half parts of cold alcohol, and in three parts of ether; all of which solutions have an acid reaction. From a hot solution in water it crystallizes on cooling in prisms of a different form from that of the sublimed salt; it is therefore dimorphous. It is soluble also without change in sulphuric, nitric, and hydrochloric acids. It dissolves more readily in solutions of the alkaline chlorides than in pure water, as it forms with them double salts which are very soluble; of these the double salt of mercury and ammonium, *the old sal-alembroth*, or *salts of wisdom*, is still used in pharmacy under the name of *Liquor Hydrargyri Bi-chloridi*. In a strong light corrosive chloride of mercury becomes reduced, first to proto or mild chloride, and finally to the metallic state. If on treating with water there is a white residue, which is blackened by a solution of potash, calomel is present. If it contains any reddish spots, there is a mixture of peroxide of iron.

Tests of Purity.—It should sublime when heated without residue. It should be entirely soluble in sixteen parts of water, in three parts of ether, or in two and a half of alcohol. It should be white and dry.

Incompatibles.—With many of the metals, alkalies, alkaline earths and their carbonates, the soluble salts of silver and lead, soap, lime water, tartar emetic, the soluble sulphurets, ferro and ferridecyanides of potassium, sulphur, hydrosulphates, chromate and iodide of potassium, protochloride of tin, piperin, volatile oils, several vegetable infusion and decoctions, and animal and vegetable substances containing albumen, gelatine, or gluten. A solution of this salt is decomposed in the light, but this change is prevented by the presence of the alkaline chlorides.*

Composition.—As it contains one atom of mercury and one of chlorine, its composition is about seventy-four per cent. of mercury and twenty-six of chlorine.

Effects on the System—Local and External.—Corrosive chloride of mercury in a concentrated solution is moderately caustic, producing a considerable amount of irritation. These effects are to some degree produced by its strong affinity for albuminous substances, which it decomposes, and unites with chemically. Its principal local application is to indolent ulcers of a syphilitic character, or to syphilitic cutaneous eruptions. It may be used also, with much benefit, in aqueous solution, to various ulcerated conditions of the throat, with a camel's hair pencil, so as to confine its application as much as possible to the diseased structure. There are other conditions of the throat also, where there are no ulcerations, in which I have made use of it with much benefit, employing a solution in water, from two grains to the ounce, up to a concentrated solution. The diseased conditions of the throat to which I refer, are such as

* Although this article is not a new remedy, yet it possesses so much interest in its more recent applications in practice, that I have placed it in this connexion.

* A more extended table of incompatibles will be found in the *Epitome of Braithwaite's Retrospect*, pp. 687-689.

are seen in scrofulous persons, where the mucous follicles of the tonsils are enlarged and in an unhealthy state, and also in those diseased conditions of the posterior nares and pharynx, caused by that condition of the mucous membrane of the upper air passages, called catarrh. But great caution is necessary in applying this solution, especially to the schneiderian membrane, otherwise it may produce great local irritation. Professor G. B. Wood recommends it very highly for its caustic effects in onychia maligna; he says, "We occasionally meet with an exceedingly obstinate ulcer, situated around the nail of the finger or toe, attended with considerable swelling, of a foetid odor, and very ill-conditioned appearance, which frequently separates the nail, and seems to show no tendency to heal. Formerly it was deemed necessary sometimes to amputate the finger or toe. I have never met a case which refused to yield to the following treatment, which originated with the late Dr. Perkins, of Philadelphia:—Equal parts of corrosive sublimate and sulphate of zinc, well powdered, are thoroughly mixed; the mixture is sprinkled thickly on the ulcerated surface, so as to cover the whole of it deeply; a pledget of lint, thoroughly wet with tincture of myrrh, is placed over the powder, and the whole dressed with a compress and bandage. It is of little consequence what alcoholic liquid is used, the object of it being, that it should act as a solvent to the mercurial salt. I have generally substituted laudanum for the tincture of myrrh. Severe pain is experienced, which ceases in half an hour, or less; and upon the removal of the dressings, some hours afterwards, an eschar is seen to have formed, covering the whole surface of the ulcer. This is thrown off in the usual time, and a healthy surface left, which heals without difficulty. Little effect is produced on the sound flesh. Whether the chloride would answer the same purpose without the salt of zinc, I do not know, for I have never tried them separately." Very finely powdered sugar may be substituted for the zinc, especially where there is much oedema, as the flow of serum will be much more abundant than with the zinc, and the pain is not so severe; a small quantity of muriate of morphia might be incorporated.

Trousseau recommends a solution of this salt in pruritus of the vulva, but it more frequently fails than cures—at least with me.

Internal Effects.—We have spoken of the action of several of the preparations of mercury, and their *modus operandi*, we therefore shall not have occasion to detain you for any length of time on the action of this remedy.

Corrosive chloride of mercury is used in syphilis; most frequently, however, in the secondary form of this disease. Since the time of Van Swieten and Boerhaave, it has been extensively employed in the pains, nodes, and eruptive diseases of syphilitic origin; and in a great majority of these cases it is found to be of essential benefit. By many persons it is used also in primary syphilis, but it is generally acknowledged to be of inferior value in this form, to some of the other preparations I have before mentioned. It is said by most authors to be contra-indicated, if, in addition to the syphilis, there is a scrofulous taint in the system; but in my opinion, these are the cases that are most benefited by its use, if proper and skilful combinations are made with it. Wherever you find a syphilitic disease engrafted on a scrofulous diathesis, you must be prepared to find an irritable, anæmic, and depraved condition of the system; and so long as you allow the syphilitic disease to continue, that depraved condition will last. It is absolutely necessary to cure as quickly as possible, this poisonous syphilitic disease; and because many have attempted to do it with the corrosive chloride alone, and have thereby not only failed, but have increased the irritability of the system, they have condemned the remedy as an irritant and excitant: whereas, had they administered it in skilful combinations, keeping in view the complications attendant upon the disease, they would have been rewarded with better success. In explaining to you the *modus operandi* of mercury, I stated, that it deteriorated the quality of the

blood by diminishing the amount of fibrin, and generally of the corpuscles also. In scrofula and anæmia we have already a great diminution of the corpuscles of the blood, and generally the fibrine is also much diminished; we therefore see that if we are compelled to administer mercury to counteract a morbid process, or remove a morbid material from the system, we must assist its operation by a tonic, like quinia, or the vegetable bitters, or a chalybeate, as iron. If we have, in addition to this anæmia, an irritable state of the digestive organs, we may need a mild saline, as chlorate of potassa, or a sedative, as hyoscyamus, conium, or opium. I do not intend to give you prescriptions to follow; I have not been guilty of this folly; I wish merely to give you broad principles by which you may be enabled, whenever necessary, to furnish the exact prescription needed to each particular case. I am sorry to say that the public condemn most severely a physician for administering this remedy, and yet reward empirics with large fortunes for giving them the same. The well known Swaim's Panacea, and many other quack nostrums that I could name—if I should not be giving them an additional advertisement by so doing—owe all their medical activity to the corrosive chloride of mercury contained in them; and yet the populace took these remedies for years, and many received great benefit from them, not only in syphilitic diseases, but in scrofula, and other deranged conditions of the system.

You will find this remedy of great service in some of the chronic enlargements of the mesenteric glands, and also in some of the forms of chronic rheumatism, enlargements of the liver, and dropsical effusions.

Corrosive chloride differs from several of the other preparations of mercury, owing to its greater solubility; on this account it is more powerful, requiring a smaller dose, and is more irritant if taken in an over dose. Being more soluble it is more readily removed by the secretions, especially by the urine, and is therefore less apt to produce salivation. On this account it is not so applicable in iritis, and diseases of a highly inflammatory character, but is more adapted to chronic than acute diseases. This, like other preparations of mercury, excites the functions of the liver, and largely increases the pancreatic secretion; and it is probably owing to these actions that, in many instances, it improves the digestion.

Administration.—When given internally, it should be used in solution, as it is less likely to irritate the stomach and throat than if given in substance or pill. The dose is from one-sixteenth to one-eighth of a grain, two or three times a day, and may be given in combination with hydrochlorate of ammonia, as in the *Liquor Hydrargyri Bichloridi*, or in solution in water. It is frequently given in combination with the compound tincture of cinchona, and this, as a general rule, forms one of its best adjuvants. It is also administered, by some persons, with syrup and infusion of sarsaparilla, and I generally use it in combination with cold infusion of colombo, or gentian; with these latter it seldom irritates the stomach, and is tolerated for a longer time. In larger doses, or by too long continued use of these small doses, it gives rise to an irritable and uneasy condition of the stomach and bowels, with griping pains, nausea, painful purging, and disordered digestion. Some few years ago I saw a well marked case of this chronic poisoning:—A young gentleman had been given, by a Hahnemannian practitioner, a quantity of this corrosive chloride of mercury, which he had taken every four hours, for eleven days. When I saw him, moderate salivation had commenced; he was much weakened, and his digestion much disordered; he had griping pains in the abdomen, a painful and scanty diarrhoea, accompanied by a burning heat in the rectum; a dry and troublesome cough; nausea, giddiness, gastro-enteric irritation, and a small secretion of urine, which occasioned great pain in passing. With opium and other remedies he was soon relieved of urgent symptoms. By testing the medicine that was left, I found that he had taken about one-sixth of a grain every

four hours, for eleven days. When treating on Calomel, I referred to the antidotal effects of chlorate of potash and iodide of potassium in controlling, and to a great extent preventing salivation; and that mercurials may be administered for a length of time without very visible signs of salivation, if chlorate of potash is also used in proper doses, three or four times a day. We then discussed the *modus operandi* of these medicines when administered simultaneously.

Original Communications.

THE MECHANISM AND TREATMENT OF LABORS WITH FACE PRESENTATIONS,

BRING IN PART A PAPER READ BEFORE THE NEW YORK ACADEMY
OF MEDICINE.

By JOSEPH MARTIN, M.D.
OF NEW YORK.

I wish to place the result of my observations and experience in relation to this description of labor more fully before the profession. For if it be the duty of obstetric practitioners to adopt those methods of managing labors which will preserve the lives of the greatest number of parturient women and their infants, the subject deserves serious consideration, particularly as the object of the paper is to show that those children, who, in face presentations, will inevitably be lost, if the labors be left to nature, may be saved by a very simple operation. It is not denied that the accumulated evidence of the most learned and experienced accoucheurs, from the time of Portal to the present day, shows that a labor, with the face presenting, can be brought to a close by the unaided efforts of nature; nor that the statements made by these writers also show that labors of that description, which have occurred in large numbers in the hospitals over which they had supervision, have terminated with but a limited mortality to infants. Still it must be admitted that from fifteen to eighteen per cent. of the children, in such cases, are still-born. For Mad. Lachapelle, whose opinion has had so much weight in excluding from the practice of midwifery what is called "rash interference in face presentations," stated, that out of the seventy-two cases that occurred under her superintendence at the Maternité Hospital in Paris, only forty-two were saved. And non-interference has also been recommended by other writers on midwifery who have experienced similar results. The inference is, that the opinion has prevailed, and is still entertained, that no mode of practice has been or can be devised by which a greater number of infants may be saved in such labors, than when they are left to nature. And, as version and the use of the forceps are out of the question, the only point to be decided is, whether or not a face can be converted into a vertex presentation; which can be determined in no other way than by ascertaining the true mechanism of such labors.

In giving the opinion advanced in the essay in relation to this, the most important part of the subject, I am well aware of the immense weight of authority against me. But the fundamental laws which control the mechanism of labors with cranial presentations, in all their modifications, as well as in the physiological process, are as immutable and as unerring in their results as the law of attraction. And, while it is true that no accoucheur can adapt these laws to his theories, it is equally true that no amount of learned opinions and elaborate descriptions, not based upon the principles of mechanics, can define the true mechanism of a labor. And all the writer asks is a careful investigation of the subject, in the only legitimate way in which such disputed points can be decided, that is by observations

made at the bed-side, and by giving a fair trial to the practice recommended.

Labors with malpositions of the foetal head, which terminate in face presentations, although of rare occurrence, have received more or less attention from all systematic writers on midwifery. But a careful perusal of the works of these authors will disclose a great discrepancy of opinion in relation to the causes of the abnormal positions, and the mechanism and treatment of such labors. The older writers differed in opinion as to the manner in which presentations of the face originate, but recommended the best methods then known for correcting the malpositions, and hastening delivery; while modern accoucheurs, without agreeing as to the causes and mechanism of these labors, object to interference, and repudiate all attempts to change a face to a vertex presentation.

Having had some experience in labors with presentations of the face, I have thought it desirable to direct the attention of the profession to the subject by giving the results of careful investigations, and a few observations made at the bedside. But before stating what I consider the cause and the true mechanism of such labors, upon which their proper treatment depends, I will give briefly the views of some acknowledged authorities on the subject; confining myself, for the present, to that description of face presentation which terminates with the chin under the arch of the pubes.

Doctors F. Churchill, Simpson, and Tyler Smith consider malpositions of the foetal head, those with face presentations particularly, to be caused by premature labor, by the death of the foetus in utero, by the application of unusual excitomotor stimuli to the foetus and uterus, and by causes mechanically displacing the whole foetus, or the presenting part, at the beginning of labor. The mechanical causes only demand our attention; because we can have nothing to do with the two first causes mentioned, and Dr. Duncan has shown that the action of excitomotor stimuli upon the foetus is exceedingly obscure and doubtful.

All modern writers on midwifery have represented, by descriptions and wood-cuts, the uterine tumor, at the beginning of such labors, nearly vertical, with the chin fully extended, and the occiput flexed upon the cervical vertebrae. But it is difficult to conceive how any mechanical action can throw back the foetal head into that position, while the child is floating in the liquor-amnii, and retain it there until the uterine contractions force the face directly into the superior strait. Yet Cazeaux, who admits that uterine obliquity may cause a face presentation, contends that—"The face does present itself at the superior strait, at the beginning of such labors." And he quotes Mad. Lachapelle, who states that she made autopsies of the bodies of two women, at the end of pregnancy, and found the infants presenting by the face. But I may here remark, that neither he nor Mad. Lachapelle gives any account of the positions of the bodies of the infants in those cases. Cazeaux also states that, among the eighty-five presentations of the face, given by the authors of the French Dictionary of Medicine, only three had any decided obliquity. From these facts, and, as he says, from many others, he concludes that a great majority of face presentations are not caused by any inclination of the uterus, but that they are primitive in their origin; and that their causes have escaped our notice. This was the opinion of Dubois also, who carried his theory of the primitive origin of face presentations to a fanciful extent. Chailly states that obliquity of the uterus is regarded by most accoucheurs as the principal cause of such presentations. Yet in his work on midwifery there are wood-cuts, similar to Cazeaux's, representing the foetal face turned downwards at the superior strait, with the chin fully extended, while the body of the foetus is vertical. Denman and Tyler Smith, without giving any cause for such malpositions, have copied the wood-cuts of previous writers. Dr. F. H. Ramsbotham says, "According to the majority of writers, uterine obliquity is the cause of the secondary face presentations, after a brow presentation;" but his illustrations show the foetus in the position represented in the

text-books generally. A glance at the different views of these writers will show that the causes of face presentations are not yet definitely determined upon by the profession.

With regard to the mechanism of labors, with face presentations, it is plain that from the time of Baudelocque, nearly one hundred years ago, an opinion has prevailed that, in such cases, the foetal head enters the superior strait by the mento-frontal diameter, with the chin fully extended from the beginning to the end of the labor. As to the position of the head in such labors, at the beginning, Cazeaux, Dubois, Mad. Lachapelle, and Naëgelé agree that there are but two—that is, that the chin is either at the right or left extremity of the transverse pelvic diameter. Baudelocque gives four positions with the mento-frontal diameter in relation with one of the oblique diameters of the pelvis; and this opinion is adopted by modern writers on midwifery.

I will now give briefly Cazeaux's description of a labor with a face presentation, because it is easily understood, and embodies the views of most writers of the present day. He divides the labor into five periods, that is—forcible extension—descent—rotation—flexion—and exterior rotation. In describing the first period, he supposes the head to be moderately extended, and that the extension is completed by the first uterine efforts, after the discharge of the waters. This preparatory step, he says, brings the diameter of the head in relation with those of the pelvis, the fronto-mental with the transverse. During the second stage, that of descent, the head, completely extended, engages in the cavity of the uterus, and descends as far as the length of the neck will permit. The third stage, that of rotation, then commences; that is, the chin turns towards the pubic arch, and the occiput sinks into the cavity of the sacrum. During flexion, his fourth stage, the head is acted upon as a lever of the third kind, and the occiput, as it is forced over the perineum, describes the arc of a circle around the pre-trachelian part of the neck as a centre. The external rotation is similar to that of the head in vertex presentations, except that the still extended chin, instead of the occiput, merges from under the arch of the pubes.

With regard to the treatment of labors with face presentations, recommended by the authorities of the present day, non-interference is the rule of practice; and the only exception is when the head is large, and the pelvis small, when the forceps is to be used. We will, however, glance at the methods of managing such labors adopted by the older practitioners of midwifery, and give the views of some modern writers.

Wandell, in 1674, mentions his having turned the head in labors with presentations of the face. And Blundell, in 1751, speaks of rectifying malpositions of the foetal head by external and internal manipulations. But version seems to have been one of the first means generally employed by the obstetricians to meet these difficulties. Mesnard, in 1753, was among the first to recommend this mode of treatment. But it was seldom resorted to after the vectis came into use; and has been abandoned since Tyler Smith showed that the chances of death to the child are double what they are when the labors are left to nature.

The vectis, soon after it was made known, was very much used to bring down the occiput in face presentations; not only while the head was at the superior strait, but after it had entered the pelvic cavity. But the tide of professional opinion set against its employment, in such cases, when Mad. Lachapelle pronounced labors with face presentations natural labors. She adopted the views of Portal, who, upwards of one hundred years before, announced the fact that such labors are susceptible of spontaneous termination; and advanced the opinion that they are favorable to mother and child. Naëgelé and Moreau agree with her; but Chailly repudiates the idea, because, as he says, such labors frequently compromise the life of the infant. Daventier, Rodenier, and others, also rejected the views of Mad. Lachapelle. Gardien, Maygner, and others, assented to the

doctrine, but adopted means to prevent and correct the malpositions. Denman condemned interference, but used the forceps when the head was large and the pelvis small. Dewees favors the methods for correction recommended by Baudelocque; but his advice in general is, to leave such labors to nature. Cazeaux adopts the generally received opinion, that there ought to be no interference, and denies the correctness of the assertion made by Guillaumot, that—"A labor with a face presentation can be converted into one with a vertex presentation;" because, he says, the long diameters would interfere.

Dr. F. A. Ramsbotham advises, if the labor be advanced, to turn the face into the hollow of the sacrum, by means of the hand. This mode of practice, in such cases, has been resorted to by British practitioners to a greater or less extent; the occiput being brought down by the fingers as a part of the operation. Smellie, in his second volume, London edition, 1754, records several labors of this description, in most of which he used his forceps. But, at page 280, he describes a case in which he introduced his hand, and changed a face to a vertex presentation by grasping the vertex with his fingers and thumb, and bringing it down.

But Baudelocque carried the practice of making these corrections to a greater extent than any known writer. He drew down the occiput with his hand, or one blade of the forceps, in such labors, whenever he could accomplish it; and says—"Experience authorizes me to say that it can be done without much trouble when the head is movable, at the entrance of the pelvis, or capable of being moved back to it." And on pages 525 and 526, Dewees's edition, he gives minute directions for the performance of the operation. He tells us, in operating with the hand, to introduce it posteriorly on the left or right, according to the position, until we can bend the fingers over the occiput to bring it down. In using one blade of the forceps he directs us to pass it up in the same manner until its extremity embraces the concavity of the occiput. These methods of managing such labors were adopted for a while by a few accoucheurs. But Naëgelé condemned the treatment; and from that period the practice of non-interference, which now prevails, may be dated.

The objections to Baudelocque's practice in labors with face presentations, as given by Tyler Smith, are four. The first is, that "the chin, in such cases, is at first turned backwards, and afterwards turned forward under the arch." But I will presently show that this makes not the slightest difference, provided the treatment for correction be resorted to before the chin passes under the pubes. In the second place, it is contended that "great pain is caused to the mother, and there is danger of exciting inflammation in the maternal parts, by the introduction of the whole hand into the uterus at the beginning of labor." But Baudelocque does not recommend an introduction of the hand at the beginning of such labors, and before the os is well open; and a reference to his method of managing cases that require the use of the whole hand will show that no such results can attend the operation, when performed at the time, and in the manner he recommends. As to the third objection, that is, that "there is danger of a descent of the funis during the operation;" a glance at the text will show that such a difficulty cannot occur if his directions be followed. Tyler Smith, in reference to the fourth and last objection to bringing down the vertex in face presentations, remarks—"If the least analogy existed between a labor when the vertex presents spontaneously, and one in which it has been dragged down, it would be proper to resort to Baudelocque's method." But in what particulars the artificial presentation differs from the natural he has not thought proper to inform us. Besides, this objection to Baudelocque's practice loses all its force when we are reminded that Tyler Smith, in his lectures on the management of natural labors, advises the drawing down of the occiput with the hand or vectis whenever the fontanelles are found to be on the same level.

(To be continued.)

LEAVES OF THE RICINUS COMMUNIS, AS A GALACTAGOGUE.

By WILLIAM GILFILLAN, M.D.

SURGEON TO THE LONG ISLAND COLLEGE HOSPITAL, BROOKLYN, N.Y.

THE want of a reliable galactagogue has been felt, I presume, by every one in the profession, at one time or another.

In belladonna we possess almost a certain remedy to check the lacteal secretion when such a course is indicated. But when the secretion is deficient, or entirely absent, and the patient is anxious to nurse her own infant, have we a remedy that will increase the secretion, or compel the mammary glands to perform their function when they would otherwise remain inactive?

The ordinary remedies, such as stimulating frictions, hot fomentations, application of the child, or the pump, to the breast, etc., frequently succeed. Yet there are cases which are quite uninfluenced by these means. For such cases I would recommend the leaves of the castor-oil plant. My experience of this remedy is limited to one case; but the effect was marked and unmistakable. I have delayed publishing it, hoping I would meet a similar one, and thus offer stronger evidence of its power; but I now think it better to record my limited experience, that others may be induced to try it.

In July, 1860, I attended Mrs. H—, a primipara, at full term. The labor was easy and natural, and the child vigorous and active. The mother was tall, well formed, and not anæmic. The breasts were very small; not larger than those of a virgin, although the areola was dark. The child was applied to the breast the second day, and friction used. The breast-pump, frictions, and fomentations were assiduously employed for seven days, but there was no enlargement of the breasts, or hardening of their texture. A few drops of watery milk were observed on the eighth day; but afterwards even this disappeared, and on the twelfth day all efforts were abandoned, and the child was fed. It died a month afterwards of diarrhoea.

The lady again became pregnant, and she had great apprehensions that she would not be able to nurse this child also, and that it would die, or she must submit to the domestic tyranny of a *wet-nurse*. At full period of gestation, July 3d, 1861, she was delivered of a fine boy. The breasts were as small as a virgin's, and rather flaccid. As in her previous confinement, frictions, fomentations, etc., were assiduously applied, but to no purpose. July 7.—The breasts remained *in statu quo*, no febrile excitement. *It was now evident the breasts would not secrete milk as a natural function, nor by the stimulus of any of the means heretofore employed.* I recalled to mind a letter in a number of the "MEDICAL TIMES" for April, 1861, from Mr. Cushman, Druggist, 941 Broadway, inviting the profession to test the efficacy of the leaves of the *Ricinus Communis* as a galactagogue, and placing his preparations of it at their disposal. I determined to try it, as on this occasion, and the previous accouchement in 1860, I had exhausted all the means I knew without success. Through the kindness of Mr. Cushman I received a supply of the fluid extract (alcoholic) of the leaves, and also some of the dried leaves. I pulverized the leaves coarsely, and poured boiling water on them so as to make a poultice, which was applied to each breast. As the dose of the extract was uncertain, I ordered a teaspoonful three times a day, and gave a good dose at once.

July 8.—When I called Mrs. H— was quite delighted, as she had a moderate flow of milk. About two hours after the poultice was applied and the first dose taken, she experienced a strange sensation in the breasts, and this increased after each dose of the medicine. Although the milk came pretty freely, the breasts were still small. The poultice was not renewed, as I had used the supply of leaves; but the extract was taken in the same dose for two days more. The second day of taking the extract, the secretion became quite abundant; the breasts began to enlarge, and continued to do so for two weeks. The child has thriven remarkably well, without any other nourish-

ment. The extract had no *purgative* or other appreciable effect that I could observe. There was no acceleration of the pulse.

This case may not be as convincing to others as it was to me; but I think the evidence is such, that they should give it a trial in a suitable case, more especially as it is innocuous. The proofs of the efficacy of the leaves of *Ricinus Communis* as a galactagogue in this case are three in number:—

1st. In two accouchements of a healthy, vigorous woman, the breasts did not secrete. In the first, frictions and fomentations, etc. etc., were faithfully used for ten days, but no secretion took place. In the second, these means were used till the end of the fourth, or rather, the beginning of the fifth day, without the least sign of improvement. Another remedy, untried in the former instance, was now given, and next day the secretion commenced. This is "post hoc;" perhaps a larger experience is required to enable one to affirm, that it is "propter hoc." 2d. Up to the time this remedy was given, the mammary glands were small and ill developed; but after its use they gradually increased. 3d. The secretion of milk was unattended by acceleration of the pulse, or febrile symptoms, which are generally present when milk is first secreted after delivery.

The Negroes of the West Indies place great faith in the castor-oil leaves as a galactagogue, and frequently use them for this purpose, applying the fresh leaves, bruised.

A NEW EXTENSION SPLINT

FOR THE TREATMENT OF MORBUS COXARIUS.

By JOSEPH H. VEDDER, M.D.,

FLUSHING, LONG ISLAND.

THE appliances of surgery are so numerous that one must needs hesitate in presenting a new instrument to the notice of the profession. That figured in the adjoining cut (Fig. 1) commends itself for simplicity, lightness,

and moderate cost. It consists of a strip of black walnut, maple, or cherry wood, one and a half inches in width and three-eighths of an inch in thickness, extending from the crest of the ilium to the malleolus externus, perforated at the upper extremity for the passage of a cord attached to the perineal band. At a point midway between the knee and the ankle, on the external surface of the splint, is placed a brass pulley, one inch in diameter, and one-fourth of an inch in thickness, revolving on a pivot with a square head, to which is adapted an ordinary clock key. This pulley is secured to the splint by means of a box of the same material; its outer edge is smooth, while its inner edge is ratcheted. A catch and spring, as seen in the engraving, are placed contiguously to fix the pulley at any desired point. By means of a perforation through the outer surface of the pulley, one end of a catgut cord—D, violin—is attached, while the outer end plays over the groove and through the splint, over a small roller, placed near its lower extremity. Retentive straps are secured to the splint by means of wire loops placed along its edges, at points indicated in the engraving. In certain cases, it will be found necessary to curve, or bend by means of steam, the femoral portion of the wood to the outline of the limb, to prevent pressure when extension is made.



FIG. 1.

NOTE.—The substance of this paper was presented, by request, at a meeting of the Surgical Section of the New York Academy of Medicine held Nov. 23d, at the house of Prof. James E. Wood.

Before applying the apparatus, a wide strip of adhesive plaster, extending from the trochanter to a point one-third the distance below the knee, and secured by cross strips, is placed on the outer aspect of the limb; a loop of tape is secured to the lower end of the plaster, and a bandage is rolled around the whole leg. The perineal strap is now adjusted, and secured by a cord to the upper extremity of the splint (Fig. 2), the lower catgut string is tied to the loop referred to and the whole splint is held in position by the retentive straps. Extension to any degree is now effected by means of the pulley.



WATERS-SOHN.

FIG. 2.

At the point of contact with the spring, the catch has a recess or notch in order that it may be held from the ratchet when extension is relaxed. The retentive bands may be conveniently made from the tape ordinarily used for boot straps, and a strip of leather may be placed between the buckle and tape to prevent abrasion.

The knee-cap should be made from firm linen covered with chamois, buckskin, or other soft material. When canton flannel adhesive plaster cannot be procured, it will be necessary, for greater security, to double the ordinary plaster. In the hospitals of New York, the perineal band is usually made by passing a strong tape of the required length, provided with eyelets at the ends, through a shorter piece of india rubber tubing about three-fourths of an inch in diameter. If, before the ends of the rubber are secured, a slight excess of the tape is inclosed in the tube, limited extension of the perineal band may be gained. Upon removal of the apparatus at night, extension of the limb is maintained by means of a weight at the end of cord traversing a pulley, fixed at the foot of the bed and attached to the loop at the extremity of the adhesive plaster.

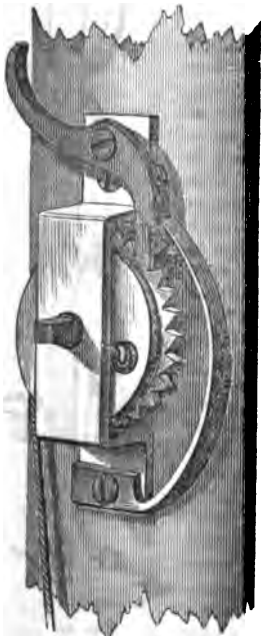


FIG. 3.

It will be observed by those familiar with the recent literature of morbus coxarius, that the apparatus thus minutely described, is original only in the simplicity of its mechanical contrivance (Fig. 3). The profession, with marked unanimity, have pronounced in favor of the walking extension mode of treatment. Although the apparatus in general use accomplishes the proposed end, it was deemed desirable to construct a simple yet effective appliance, in order that this advanced system of cure might be extended to that class of patients among whom the disease so frequently occurs; a class who have been hardly

able to purchase the apparatus, much less to remunerate the physician. To practitioners residing remotely from the great cities, no inconsiderable point in favor of the splint is, that it may be made by a gunsmith, locksmith, clock-maker, or any mechanic familiar with the use of tools.*

Reports of Hospitals.

NEW YORK EYE INFIRMARY.

DR. NOYES, ASSISTANT SURGEON.

SUPPLEMENTARY OPERATION FOR ENTROPION.

A. B., *ret.* 24, native of Ireland; in the month of March, 1861, had the border of the upper and of the lower eyelids, including the ciliae, removed for entropion of long standing. The rubbing of the lashes had caused deep opacity and vascularity of the cornea. The removal of them alleviated the condition of the eye, but did not remove all the irritation. In October last I saw her again, and although no ciliae remained, I found the cornea still opaque, and the eye giving her a good deal of pain. I noticed that the fibro-cartilage of the upper lid was much deformed by chronic inflammation—that it was unusually convex, shortened, and its border incurvated to a slight degree, so as to cause the edge to rub upon the cornea in every act of winking. I noticed as the further consequence of the distortion of the cartilage, that the length of the palpebral opening was shortened.

I concluded that the irritation of the eye was kept up by the unnatural pressure of the tarsal border upon the cornea. I therefore did the following operation:

Having etherised the patient, I extended the fissure of the eyelids by an incision from the external commissure half an inch long, passing directly outwards, cutting through both skin and conjunctiva. After the bleeding ceased, I stitched the cut edge of the conjunctiva to the cut edge of the skin by one suture above and another below. The cut edges of the conjunctiva were not more than a quarter of an inch long, and the rest of the wound of the skin I united by another suture. By this proceeding, I lengthened the palpebral fissure and hoped to keep it so permanently by having united the conjunctiva to the skin as far as the former would allow. In this I succeeded, the edges united partly by granulations, and the opening of the eyelids was enlarged about two lines. This sufficed to relax the pressure of the border of the upper lid upon the cornea, and the irritation of the eye subsided. Now, there is very little vascularity of the cornea, and its opacity is diminishing.

This operation has been done several times at the Infirmary, and the plan of it as I have described, is to be found in Arlt's *Treatise on Diseases of the Eye*—"Krankheiten des Auges, Prague, 1858."

EXTRACTION OF CATARACT.

I report the following case on account of an unusual accident during the operation, and as showing the value of continued closure of the eye with plaster after extraction:

Prince Davis, *ret.* 62, colored. In good health, except a mild bronchitis causing him to cough and expectorate moderately. In the right eye cataract was complete, in the left eye not so far advanced. Perception of light in the right eye perfectly good. The arcus senilis surrounds all of both cornea. The eyeballs stand out very prominently, projecting beyond the supra-orbital ridge. Has never had muscae volitantes. The surface of the ripe cataract has a glistening, satiny look, no striae to be seen. Pupils contract promptly when exposed to light.

Operation.—Patient undressed, and in the bed where he was to remain. The eyelids kept open by Dr. Bumstead, who lifted up the upper lid by a fold of the skin so as to

* The splint may be obtained of Mr. A. L. Bevans at Flushing, or of the surgical instrument makers in New York.

raise it off of the eyeball. I took this precaution because there was great spasm of the lids, and the orbicular muscle was unusually vigorous. The section was made through the upper part of the cornea by a small Beers knife, the eyeball being fixed with forceps until the point of the knife pierced the opposite side of the cornea; the forceps were then let go. The section was completed slowly, the eyeball being well under command, notwithstanding the spasm of the ocular muscles. The section was perfectly semi-circular and regular, but the instant the knife was free, the cataract jumped out of the eye and fell upon the pillow; a small quantity of vitreous humor escaped at the same moment. The spasm of the eye being uncontrollable, I was only able to partially expose the cornea, and could see that the pupil was filled with fluid or soft lens matter, and consequently of a grayish hue. The eyelids of both eyes were then sealed together by strips of Husband's isinglass plaster, laying an unusual number of strips upon the operated eye. The plaster, thus arranged, made uniform pressure upon the eye, besides keeping the lids immovable.

I explain the sudden escape of the cataract in this way. The pupil had been dilated with atropine, and did not contract when the knife entered the eye. The cataract was found to be very small; in fact, it was only the nucleus which jumped out. The surface of the lens had become liquified, constituting the so-called Morgagnian cataract. Under the spasm of the ocular muscles, for there was no pressure of fingers on the globe, the nucleus was easily forced through the wide pupil, because only the capsule could offer any resistance. The iris usually so supports the lens that rupture of the capsule does not spontaneously occur; but in this case, the nucleus only being hard and the pupil large, the body to escape, and the aperture through which it must pass, being of nearly equal size, the muscular spasm easily forced out the nucleus when the corneal wound was complete.

For four days the eye was left closed—there was slight pain in the forehead. On the fourth day, the lids were opened, the wound found united. The aqueous chamber seemed unusually distended, and the cicatrix of the wound a little inclined to bulge out. I feared prolapse of the iris, and therefore punctured the cornea, letting out the aqueous humor. Ordered unguentum hydrargyri to be rubbed into the forehead three times daily. Seventeen days after the operation, the eye could bear a moderate degree of light, the vascularity had nearly disappeared. The pupil is drawn upwards by the iris being engaged in the wound, but no prolapse of iris took place. The upper part of the pupil is clear, the lower part is obstructed by capsule and soft lens matter. Patient recognises faces and counts fingers.

The twenty-four hours following the operation, the patient spent in bed; after that, he was allowed to sit up and move about the darkened room. He took an anodyne expectorant to quiet his cough—this ceased to be troublesome after a few days. Having been used to drink spirits moderately, he was allowed an ounce of whiskey every night at bed-time. I attribute the successful issue of the case, despite the loss of vitreous humor, the shock to the eye by the sudden escape of the lens, the leaving behind of the fluid portions of the lens, and the unavoidable engagement of the iris in the wound, to the great precautions of the after treatment. The mode of closing the lids secured a good adjustment of the flap and apposition of the edges of the wound. This was the first condition necessary to prompt healing and to preventing prolapsus iridis. Again, the patient, after being kept on his back for twenty-four hours, was not wearied and made restless by longer confinement in this irksome posture. I apprehend that healing of the wound takes place in less than twenty-four hours, but it is not yet strong enough to sustain the pressure of the contents of the eye. The support of the plaster for three days longer gives it time to acquire strength. Still further, the patient had a good constitution, and was assisted in the process of repair by nourishing food and moderate stimulus.

The treatment of patients after extraction has undergone important modifications within a few years. The vigorous antiphlogistics have been dropped; the danger is not excess of inflammatory action, but want of nutritive power for healing a large wound in a tissue of naturally low vitality. Most frequently, persons blind from cataract are feeble, not only from age, but from the inactivity to which their blindness has condemned them. It follows, therefore, that to heal a wound of the cornea, they demand all the aid of good food, tonics, and moderate stimulus. Again, I think it prejudicial to insist upon long confinement in bed, because, for any healthy person to be thus placed is a serious infliction. The supine posture immediately, and for twenty-four hours after the operation, favors quietness of the patient and good adaptation of the wound. I think little can be gained by the supine posture after forty-eight hours, unless the patient be very restless and unmanageable when allowed to go about.

Surgeons in England and on the continent, complain of the frequency of prolapsus iridis. In the Eye Infirmary and in the private practice of our surgeons it seldom happens. Most foreign surgeons put a compress and bandage upon the eye; most of them examine the eye twenty-four hours after the operation. I do not wonder that the soft tissue, uniting the wound, yields when it is exposed to the pressure of the contents of the globe, and that the iris prolapses. A celebrated Dutch surgeon who, I am informed, recommends examination of the eye six hours after the extraction, also recommends, if the iris be prolapsing, to cut it off at once, and to do so as often as it continues to present itself. I wonder that his cases ever escape this accident.

The steady pressure of the plasters keeping the lid against the cornea, is the best security for good union of the wound and against prolapse of the iris. "Husband's isinglass plaster," made in Philadelphia, if neatly applied, will usually adhere without wrinkling for two or three days; then the ends get loose or curl up. Fresh plaster can be laid on over the old strips, or the old ones being soaked by warm water and carefully taken off, can be replaced by new ones without unglueing the lids. If there be much secretion flowing from the eye, it is necessary to renew the plasters sooner. In ordinary cases, three strips, three-eighths of an inch wide, hold the lids sufficiently; two laid on in an X shape, and a third put on horizontally just over the border of the lids. To judge of the progress of the case, it is sufficient to examine the eyelids; the degree and character of the swelling, and the frontal pain, if there be any, are indices to the state of the eye. Moderate swelling and no supra-orbital pain, show that all is well; while if the flap be sloughing, it is known by the great oedema of the lid and the dusky color of the skin; if with moderate oedema there be moderate frontal pain, an anodyne is safer than leeches; while if the pain increase and become throbbing and very severe, two or three leeches may be needed, but this is a very rare necessity. In short, the treatment of incised wounds in other parts of the body is proper also to the cornea, namely, accurate coaptation, rest, and good nutritive power to be reinforced in the case of the cornea by all possible aids, on account of the naturally low vitality of its texture.

NEW CURE OF CATARACT.—Professor Sperino has discovered a new way to cure cataract: viz. by gradual evacuation of the aqueous humor. In consequence of this, he says, the lens gradually recovers its translucency. When the cure is not perfect, there is always amelioration. He is about to publish his cases in the *Giornale d'Ophthalmologia*.—*Brit. Med. Jour.*

MONUMENT TO SIR HUMPHREY DAVY.—A monument is about to be erected to the memory of Sir Humphrey Davy at Penzance. It will consist of a granite column and base, surmounted with a statue of the great chemist, holding a safety lamp in his hand.—*Lancet.*

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, October 23, 1901.

DR. A. C. POST, PRESIDENT, IN THE CHAIR.

CYSTIC HYGROMA.

DR. E. KRACKOWIZER presented a *cystic hygroma*, removed from a girl three years of age. The child, when born, had a tumor, the size of a large walnut, under the right armpit, which did not cause any inconvenience, but grew gradually, until when seen October 21st, it had acquired the size of a hen's egg. It was situated on the place mentioned, filling the interstice between the pectoralis major and latissimus dorsi, reaching upwards in the axilla. The skin covering it was normal. The tumor was soft, and gave to the feel very much the impression which we have in examining a soft lipoma, or a vascular, deep-seated growth. Its surface was slightly nodular. Pressure did not diminish its size. By fixing and compressing it from all sides, it became tense, elastic, and at some points fluctuating. The diagnosis "*hygroma cysticum congenitum*" was made, and the tumor was removed by operation Oct. 22d. The knife was used at first, but its deeper adhesions reaching underneath the scapula and near the large vessels of the axilla, were severed partly by the finger, partly by the handle of the scalpel. Just before this was accomplished, a gush of seemingly venous blood inundated the field of operation, but its flow stopped at once. It proceeded from the bursting of the largest cyst, filled with a blood-colored liquid.

The wound was closed with five points of the twisted suture. The reaction following was normal, and the wound was soon in a state of normal suppuration. The tumor was composed of a multitude of cysts, varying in size from that of a pea to that of a hazel-nut. One cyst, situated at its base, the one which burst during the operation, when refilled, could hold easily half an ounce of water. The walls of the cysts were thin, transparent, their contents partly cherry colored, partly amber colored liquid. The cysts were held together by short connective tissues, giving to the whole mass a grape-like appearance. The structure of the cyst walls, as revealed by the microscope, consisted mainly of elastic tissue, and its inside was lined with a layer of epithelial cells, of the size and look of those which we find usually lining the walls of the smaller glandular ducts; for example, of the sudoriferous glands.

This growth is of rather rare occurrence, mainly on the neck, the sacrum, and rarer still on the thorax. I am inclined to consider it of foetal origin. I think that the opinion of some pathologists, like Rokitsansky, that they are formed by serum accumulating in the meshes of the areolar tissue, which, then becoming more compact, constitutes the cyst walls, is refuted by the interior of the cyst walls being lined with epithelium. I think they must be considered in their origin parallel with the dermoid cysts, which more recent investigations of Lebert, Heschel, etc., have made it very plausible, always originate during foetal life by invagination of part of the cutis as a whole under its level in the subjacent tissues.

OSTEO-SARCOMA OF SUPERIOR MAXILLA.

DR. KRACKOWIZER next presented the greater part of the right superior maxilla, removed for recurring osteo-sarcoma. I laid before the Society, said he, at its last meeting in June, the alveolar process from the first bicuspid backwards, of a young man sixteen years of age, which I removed for osteo-sarcoma June 17th. The growth then had commenced, in the alveolus of the first molar tooth, which becoming painful and loose, undoubtedly by the formation of the tumor, had been drawn some months ago. The other teeth of the affected portion of the alveolar process were loosely held in the morbid mass. I stated then, that the growth had somewhat encroached on the cavity of

the antrum Highmori, not by perforating it, but by pushing its mucous lining before it, its osseous walls at that point having been lost in the new formation. I present here the specimen again for comparison with the one I present this evening. Although, at the first operation, all parts left behind seemed healthy, yet I stated my misgivings that the tumor would recur. The wound healed very quickly. Where the antrum Highmori had been opened, a hole remained, giving to the voice a somewhat hollow sound. For a few weeks after the operation, I did not see any anything more of the patient. He returned October 8th, stating that about six weeks after everything had healed, a small tumor made its appearance at or near the artificial opening of the antrum Highmori, which he did not mind, until, growing larger, it prevented mastication, by coming in contact with the molar teeth of the lower jaw. He had not felt any pain whatever, and was as well as usual. When the patient opened his mouth, a tumor was seen covered with normal mucous membrane, occupying the right superior maxilla, reaching nearly to the middle of the hard palate, posteriorly and laterally, occupying the whole extent of the bone. The anterior wall of the antrum was not protruded through, nor was the orbit encroached upon. A small piece was taken from the tumor for microscopic examination, and it was found that it had retained all its characteristics. Its base was constituted of amorphous connective tissue, with a great number of irregularly interspersed free nuclei, and very few very transparent oval cells, with one large, somewhat smoky, nucleus.

The operation was performed October 17th. During the intervening time, when I saw the patient again, and the day of the operation—nine days—the tumor had enlarged not inconsiderably towards the cavity of the mouth, presenting by superficial ulceration an ashy surface, and emitting a very bad smell. An incision was carried from the angle of the mouth through the cheek, upwards and outwards to the malar bone, the flaps dissected from their natural adhesions, and turned to both sides. My original plan was to save, if possible, the floor of the orbit. A hole was therefore drilled in the line of the axis of the second incisive tooth, about three lines below the orbital margin, through which a narrow-bladed saw with a very strong back (Langenbeck's) was introduced, and a cut was carried outwards, parallel with the said margin and through the malar bone in the fossa temporalis. But it was soon clear that the growth filled the whole of the antrum, and came in very suspicious proximity and contact with its mucous lining on all points. The total removal of the maxilla was now resolved upon. A second incision was carried through the soft parts, commencing near the inner angle of the eyelids, closely hugging the ala nasi, and terminating a little outside of the palpebrum labii superioris. The flaps comprised between the two cuts were dissected and turned upwards over the eye. The connexions of the maxilla were severed from the adjoining facial bones, and a part of them were destroyed to very nearly the usual extent by means of strong cutting pliers. The insertion of the right side of the soft palate was next cut through. The tumor pressing closely on the ramus maxillæ inferioris, made it quite difficult to sever the last connexions of the mass with the processus pterigoideus, so that it could not be avoided to remove the anterior fibres of the external pterygoid muscle. A strong arterial hæmorrhage followed the removal from the fossa spheno-maxillaris of the whole mass, seemingly from the arteria maxillaris interna, but it stood, after repeated attempts to apply a ligature to the vessel had failed, partly by pressure, partly by torsion of the artery, showing that either the arteria spheno-palatina or arteria infra-orbitalis was the source of the hæmorrhage. The edges of the flaps were now brought in nice contact by many points of the twisted suture. No hæmorrhage followed, and only a very moderate reaction, as usual in total resections of the jaw-bones. All the pins were removed on the fourth day. The union was perfect, the cicatrix on all points linear.

The specimen here presented does not show well, in a surgical point of view, from the attempt at the commencement of the operation to save the floor of the orbit. It will be seen that a soft mass has entirely obliterated the osseous structure of the body of the upper jaw-bone, as far as its lateral and posterior part is concerned. It fills the antrum Highmori completely, and has established adhesions with the mucous lining of its upper and inner wall on several points. Its microscopic characters assign it a place in the class of the soft sarcomatous growths, being closely allied to cancer. Because, while in its inferior parts it shows the structure already mentioned, specimens taken from the portion inclosed in the antrum are composed principally of cells, larger than those previously alluded to, with large, shining nuclei, the cells themselves in many instances renouncing their regularly oval shape, and becoming irregular, with one or more longer or shorter processes. That nothing diseased has been left, there is no doubt whatever; yet from the microscopic examination I do not augur a good result, and am fearful of a recurrence of the new formation.

Progress of Medical Science.

PREPARED BY E. H. JAMES, M.D.

PLACENTA PRÆVIA.

THE method of managing this unfortunate complication of labor is ably discussed in the *Glasgow Medical Journal* for July, by Dr. CHARLES CLAY, of Manchester. As early as 1822, Kinder Wood, Esq., of the Manchester Lying-in Hospital, with whom Dr. C. commenced his own professional career, had observed cases in which the placenta attached to the os uteri chanced to spontaneously separate, immediate cessation of the hæmorrhage followed, and the placenta and child were both expelled by the unaided efforts of nature, the patients generally doing well. From these cases he inferred that by simply detaching the placenta from the os uteri by the forefinger, a large majority of cases might be left to nature for completion with far less danger than usually attends version, which is always attended with a great amount of violence, to say nothing of the extensive hæmorrhage that usually characterizes these cases. Two strong points upon which the argument is founded, are, that in all cases immediately after the detachment is effected, the hæmorrhage certainly ceases; and that the detachment can be effected as soon as one finger can be admitted, and before any great prostration can have taken place, long before it would be possible to introduce the hand with a view of version. Dr. C. has practised the same method for nearly forty years, with almost entire success. The statistical records derived from a number of sources seem to lend great weight in favor of this practice. Where version and immediate delivery are effected in cases of placenta prævia, the fatality is to the mother one in three, and to the child one in two cases. From those who have written in defence of detachment, and then leaving the case to nature—Prof. Simpson, Dr. Radford, and Dr. Clay, find the fatality to be to the mother one in forty-four, and to the child one in five cases. In all cases of detachment, according to Prof. Simpson, the hæmorrhage ceased immediately, in nineteen out of twenty cases. Dr. Clay has never known it to fail, and the only two that have not recovered, occurred at so great a distance, that loss of time and blood had produced a fatal prostration before the physician arrived to effect the detachment. The writer is inclined to believe the cases quite rare in which the placental adhesion to the os is over its entire circumference; and even where it has so adhered he has always found a weak point somewhere within the circle, from which the detachment should commence, and is effected without difficulty. The plan of boring through

the placental mass with the fingers pointed to a cone, he denounces as barbarously rude and unnecessary. He also condemns repeated examinations; one, being enough to ascertain the facts of the case, should be followed by prompt and energetic means to arrest the hæmorrhage by detachment, and thus facilitate subsequent delivery by the efforts of nature. The grounds upon which he opposes the old plan of version and immediate delivery, are the heavy rate of mortality under the most favorable circumstances; the probability of means having been previously employed to check the hæmorrhage, as rupturing the membranes or giving ergot, increasing both the difficulties and dangers of the operation; the violence done in attempting to turn, when the os is but slightly dilated, and the danger on the other hand of waiting until the os is sufficiently dilated, by which time the prostration will be often so great that even the necessary efforts of version will, in very many instances, hasten death. After a somewhat severe review of an article published in the *Journal* for February, in which Dr. L. Roberts, of Manchester, reports three cases in which version was performed, three children sacrificed, and two women made very slow recoveries, he thus concludes:—"I have never witnessed any bad consequences from detaching the placenta; there is infinitely less violence done, the danger is much reduced, future difficulties are of less importance, and the results far more favorable; and with the accumulated facts of forty years, from individuals of the highest standing in the profession, we may safely hope never so far to retrograde as to adopt the old barbarous system of boring through the placenta, turning, and delivering the child. But even if we should be so far led astray as to accept this old barbarism, let us at least escape the opprobrium of attempting such practices in the earlier stages of dilatation of the os uteri, and knowingly increasing all the dangers attendant on such cases. To conclude, we must not lose sight also of the many cases who, though they may not die from the immediate effects of version and delivery, nevertheless ultimately sink from the prostrating effects of hæmorrhage, months after their confinement, notwithstanding which they were considered as cures, and may have been recorded as such."

PITTING IN SMALL-POX.

The application of the linimentum aquæ calcis for the purpose of preventing pitting in small-pox, is recommended (*ibid.*) by Dr. Joseph Bell of Glasgow. He has tried the various means used for this purpose, and found them each more or less objectionable, either in being only partially successful, or attended with more or less pain and irritation, and being otherwise, in a greater or less degree, repulsive both to the patients and attendants. The various measures hitherto adopted are—1. The puncture of the vesicle and application of the nitrate of silver, recommended by Serres, Bretonneau, and Velpeau. 2. The sulphur ointment, recommended by Midivane. 3. The mercurial ointment and plaster, recommended by Oliffe and others. 4. The tincture of iodine, by Dr. Crawford. 5. Collodion. 6. Glycerine. 7. Solution of nitrate of silver and collodion in glycerine, all of which have been attended with some degree of success, though each is attended with some inconvenience. The following are Dr. Bell's directions:—"The linimentum aquæ calcis should be poured on a plate; then masses of cotton wool, answering in size and shape to the parts to which the dressing is to be used, should be dipped in the liniment, and applied in such a manner as to completely cover the face and neck, leaving apertures for the eyes, nostrils, and mouth. The cotton should be closely matted together, so as to allow no crevice to exist, and a large handkerchief should be tied over all, having holes cut in it so as to correspond with the apertures over the eyes, nostrils, and mouth. The dressing should be allowed to remain until convalescence, and if it becomes accidentally detached at any part, it should be immediately renewed." The advantages claimed for this application, are the effectual prevention of pitting, the prevention of swelling of the

face, and mitigation of the febrile symptoms. The use of the cotton wool secures, 1st, the exclusion of air; 2d, the moderation of the local irritation; 3d, the keeping of the parts in a permanently moist state, so as to prevent the drying and hardening of the scabs. As the exclusion of air and light will completely prevent pitting in variola, the application here recommended seems well calculated not only to secure these conditions, but it also maintains a permanently moist state of the parts, removing local irritation; causes neither pain nor uneasiness to the patient, is attended with no risk, and appears preferable to other methods.

American Medical Times.

SATURDAY, JANUARY 11, 1862.

SANITARY LEGISLATION.

NEW YORK presents to the world the singular spectacle of a great city, aspiring to supremacy in population, wealth, and intelligence, yet regarding with indifference those blighting influences which delay her progress, and tend powerfully to thwart her ambition. The annual devastation of her people by loathsome diseases which she can easily prevent, the disgust which her filthy streets create in every visitor, and her fearful system of packing the laboring classes in unventilated tenement houses, give her no alarm. Heedless of her own happiness, of the good opinion of men, and of the fearful evils which afflict her population, she rushes madly towards the goal which she is destined to win only at the hazard of every interest of justice and humanity.

It seems incredible that an intelligent and Christian city could witness the annual decimation of its people by preventable diseases without putting forth every honorable exertion to apply the remedy. Yet such, in its municipal capacity, is the conduct of New York. In 1860, by careful computation, this city lost 10,496 of its inhabitants by diseases that either do not exist in the most salubrious districts, or exist only in a modified and not fatal form. The hearts of the people are wrung with anguish when a score or two of lives are sacrificed on an ill-conceived battle-field; the commanding officer is suspended from command; a military commission inquires into the minute details of his plans, and if it proves him incompetent he is dismissed from service. But New York, calmly indifferent, witnesses the annual slaughter of more of her citizens than occurs in a hundred destructive battles; no official is hurled with popular indignation from power; no searching inquiry is made for the causes of this costly sacrifice to official incompetency and neglect; but quietly the new year succeeds the old, and begins its chronicles of the same waste of human life. Scarletina, small-pox, marasmus, and their congeners, are to-day consuming, like a devouring element, the homes of the laboring classes, without so much as an official inquiry as to the possibility of mitigating their ravages. In savage and inexorable blindness the autocrat of epidemic and pestilential diseases sits on his throne of human skulls at the City-Hall, and records with grim delight the weekly returns of his all-conquering agencies. It has been well said by one whose devotion to the sani-

tary condition of New York has rendered him practically familiar with the subject*:

"One of the most surprising phenomena in the political economy of this state and city, is the indifference of the people to their own death records. They either refuse to listen to, or, if they hear, they heed not, the facts concerning the dealings of death among themselves. There is no denial that the mortality of this city is much greater than that of many others of far inferior advantages for salubrity and longevity, and yet the trump of the archangel sounds in their ears in vain. Their well-cushioned officials drain them of their fat salaries, but do literally nothing in return to raise the standard of health, or check the march of pestilence. Their legislators listen year after year to the appeals in behalf of the thousands of dying infants, and when apparently moved to comply with the urgent cry for relief from the threatenings of disease and death, the demon of bribery drops a golden curtain between them and the pictures of desolate misery which have so moved them, and suddenly all assumes a rose color, and thenceforth, while their pockets are filled with sinful wealth, the cemeteries of the metropolis become populated in an increased ratio."

It is a well demonstrated fact that all the evils which now afflict the city poor are readily susceptible of removal or mitigation, and at far less expense than the city now incurs in sustaining the 138 cormorants who fatten at the City Inspector's stall. We heartily concur in the following statement of DR. GRISCOM*:—"The history of Sanitary science, the practical results of the application of Sanitary measures in numerous places, and under every variety of circumstance, and the opinions of many of the soundest and most experienced practitioners of medicine and hygiene, the world over, all concur in proving that governments, in this particular, hold the lives of their subjects in their hands. It were easy to fatigue you with the recital of facts and authoritative opinions to this effect. The vast progress made in the cultivation of a knowledge of Sanitary law and its applications during the last two centuries, forms one of the most pleasing, as it is a most striking, proof of the advance of Christian civilization in modern times. We believe in the sacredness of human life, and that its unnecessary waste by neglect is but one degree lower in criminality than its wilful destruction. Every impulse of honor, of self-respect, and religious duty, should impel to the industrious use of the most enlightened public means for its preservation."

Although the body politic is blind to its own best interests, and deaf to all appeals to remedy the defects in its municipal government which bring these evils upon our city, yet New York has a band of citizens not only thoroughly alive to its sources of weakness and decay, but resolutely determined to destroy them. With untiring efforts they have endeavored to enlighten the public mind in Sanitary matters, and obtain such legislation as would relieve the city of preventable diseases. Though every measure of reform has thus far been defeated, still they have steadily gathered that strength and influence which always precede a triumph. The period has again returned when they are to renew their united efforts to obtain from the Legislature of the State the legal basis for Sanitary reform, and we rejoice that they enter upon their labors with undiminished energy and the spirit of true philanthropy.

"Though seven times defeated in their efforts to stay the progress of disease and death, their hearts fail not, nor is

* *Sanitary Legislation, Past and Future*, etc., etc. Parts of two Essays read before the New York Sanitary Association. By JOHN H. GRISCOM, M.D. New York. 1861.

their determination abated. Nor though seventy times seven should the enemies of this holy cause succeed, by bribery and corruption, in postponing the day for the inauguration of the most valuable of all the reforms known amongst men, will its votaries lay aside their armor, or cease to contend for the faith which animates them with the assurance of final success. Though, like the disciples of Him who went about healing all manner of disease, and unlike them who have thus far betrayed the people to their destruction, they carry neither purse nor scrip, the friends of Sanitary Reform in this city will never cease to show the public their true interests in this matter, and demand of their legislators the abolition of the official nuisances which are the only obstacles to the removal of those physical nuisances, under whose foul influences so many thousands find untimely graves."

THE WEEK.

AN interesting question was sprung during a recent debate in the Academy of Medicine, Paris, on Excision of the Hip-Joint, relating to the hygienic condition of the English and French hospitals. Maligne stated that of 100 persons operated on, 56 die in Paris, and 30 in London. In amputations for pathological causes, as amputation of the thigh, there are 60 per cent. deaths in Paris, 21 in London, and 19 in Massachusetts. The correspondent of the *Lancet* says:—

"M. Maligne, in answering the defence put forward by the ex-chief of the Assistance Publique, after reminding his contradicter of the occurrence of the *peut-être* in his original charge, had recourse to figures, and showed how that in the Paris hospitals, out of 512 amputations of the thigh, 289 had been followed by death, giving an average of 56 fatal results for 100 operations; how that out of 15 cases of trephining, 15 deaths had occurred; and out of 220 operations for strangulated hernia, 133 had proved fatal;—whereas in London the average in the first case was 21 per cent. in lieu of 56; and in the last, 50 per cent. instead of 60, as at Paris, etc.; and he therefore thought the fact indisputable that the mortality of this capital far exceeded that of London, and, as a practical conclusion, ventured to suggest that in future the number of beds in each ward should be far more limited than at present, and that hospitals should be henceforward better ventilated, so that the number of infectious foci, of which each bed represents one, should be reduced to a minimum."

THE death of PRINCE ALBERT by typhoid fever is the subject of the leading articles of the London medical journals of Dec. 21. From these articles it appears that the attack occurred at least a fortnight before the fatal termination; on the following day DR. JENNER was called in consultation with his regular medical attendant SIR JAMES CLARK, and subsequently DR. WATSON and SIR HENRY HOLLAND were added. The immediate cause of death was pulmonary cedema. The question is raised, "Where did the Prince contract typhoid fever?" The town of Windsor, in the immediate neighborhood of the Castle, had a severe visitation of typhoid fever in 1858, attributable to imperfect drainage. DR. MURCHISON, who first traced typhoid fever to putrid emanations, especially from sewers, and who gave it the name of pythogenic, or dirt, fever, made this investigation with MR. SIMON, health officer of London. They reported the town in an extremely filthy condition, and readily found the causes of the prevailing fever. Since the death of the PRINCE, the sanitary condition of the Royal Palace has been carefully examined by a competent person,

who concludes that "unless some dire and unsuspected source of danger should lurk in the Royal apartments themselves—ample and well ventilated as they apparently are—the sewerage system of the Castle must be acquitted of all share in the mischief." The *British Medical Journal* pertinently adds:—

"If, however, as we may fairly conclude, the Castle itself contain no foci of pythogenic effluvia, still what a lesson is taught by this deplorable fact! The personal security of the wealthiest and the highest requires that the sanitary condition of the masses—of the community—must be cared for. It is not enough that we each, in our own narrow limits, should be contented with an obedience to the laws of hygiene. That fell matter which is generated beyond the personal domain of royalty can find its silent way, like the pestilence which walketh by night, through sentinels and barred doors into the very bosom of Royalty itself! Sincerely do we trust that the striking moral to be drawn from this tale may be turned to practical advantage throughout the kingdom."

THE London *Lancet* is about to publish a series of papers prepared by a commission, on the Influence of Railway Travelling on Public Health. The inquiry embraces the following inquiries:—

"The Influence of Railway Travelling on Health—1. As affected by the Ages and Occupations of Individuals. 2. In Healthy Persons. 3. In Unhealthy Persons, and those subject to Special Diseases—*e. g.* Diseases of the Heart and Circulatory System; Brain and Nervous System; Hollow Viscera (as Hæmaturia); Throat; Eyes, etc. 4. In Females: when Pregnant, or subject to Uterine Disease. 5. In Persons peculiarly susceptible to Sea-sickness. 6. In Regular Travellers—*e. g.* Residents in the Country coming to large Towns (*season-ticket holders*); Travelling Railway Officials; Travelling Clerks of Post Office, etc.; Commercial and other Travellers. 7. In Occasional Travellers. 8. The Effects on certain Constitutions of hurry and anxiety to catch Trains. 9. The Results of prolonged Retention of the Secretions. 10. The Effects on the Spinal Cord, etc., of Continued Jolting—that is, a series of slight Concussions. 11. The Cerebral and Visual Effects of rapidly passing objects, and of reading in moving Carriages. 12. Any Differences resulting from the use of 1st, 2nd, and 3d Class Carriages. 12. Accidents, and especially their Secondary Effects."

Reviews.

A LECTURE. By D. HAYES AGNEW, M.D., Surgeon to the Philadelphia Hospital; Lecturer on Anatomy, etc. Published by the Class. Philadelphia: Lindsay & Blakiston. 1861. Pp. 59.

THE subject of this agreeably written lecture is the life of Baron Larrey. The talented author has given a minute sketch of the military career of this distinguished surgeon, which will be read with interest. We cannot withhold the following narration of the last military acts in the life of this eminent surgeon:—

"For the person of Bonaparte, Larrey entertained the most complete attachment; and it may be said, this feeling was warmly and sincerely reciprocated on the part of the Emperor. When he went to Elba, Larrey desired to be his companion in exile, and received from Napoleon a reply which showed that he loved France more than his own comfort. 'It is not without regret, Monsieur Larrey, that I separate myself from you. You belong to the army, and it is your duty to follow it.' When Napoleon returned from Elba, in 1815, Larrey was the first to meet and welcome his old commander and friend; and with an

eagerness and warmth, which drew from the returned exile the feelings of his heart. 'Continue,' says he, 'your labors, Monsieur-Larrey, I hope yet to gain an opportunity of repaying the sacrifices you have made, and the services which you have rendered to our wounded soldiers.' And again, at a distribution of colors to the Deputies, from the departments who were commissioned to welcome Napoleon back to France, and on receiving the flag for the department of the 'Hautes Pyrénées,' he transferred it to Larrey to present to the President of the deputation, saying, 'Gentlemen, it affords me unfeigned pleasure to present you these colors, through your compatriot Larrey, who honors humanity by his disinterestedness and his courage. We are indebted to him for having saved a large number of our soldiers in the deserts of Lybia, by giving them freely of the little pure water and spirits which had been reserved for his own use, and of which he himself stood in the greatest need.' Indeed, from that day until the disaster of Waterloo, Larrey was the constant companion of the Emperor. On the eve of that great battle, one of his last acts of friendship was an attempt to dispel the shadows of coming misfortune which had already cast a gloom over the mind of Napoleon. During its progress he was not idle for a single moment; operating upon the field, while the carnage was going on, and passing even among the combatants engaged in active mortal strife, to carry, with his flying ambulances, the unfortunate soldier or officer from the ground. But the star of Napoleon was eclipsed; and when Larrey was informed that the French were actually retreating, then only did he think of himself. Even in this hour of extremity his commander did not forget him; urging, through one of his aides, the necessity for a retreat, and directing, in order to secure his personal safety, that he should attempt to gain the frontier by a route which he indicated. It was during this flight that another feature appears in his character to make up the hero. After traveling for one or two leagues with his companions, they were suddenly intercepted by a corps of Prussian lancers. Determined to force his passage, he placed himself at the head of his little band, fired both his pistols into the ranks of the opposing party, and opened a path through which they passed at full gallop. They had passed some distance, when a bullet having entered his horse, the animal fell under him, and before he recovered from the shock, he received on the head and shoulder a double sabre wound, which rendered him insensible. Thinking him dead, the Prussians followed his servants and companions, most of whom they either wounded or took prisoners. After his consciousness was restored, he was able to mount his horse, which had likewise regained his feet, and direct his course through by-ways and corn fields, and had succeeded in reaching the banks of the Sambre, when he was surrounded by another corps of the same army and was obliged to surrender. He was disarmed and deprived of nearly all his clothes; the officers distributed among themselves the contents of his purse, taking his arms, ring, and watch. His figure, and the grey surcoat which he wore, resembling those of the Emperor, they were under the impression they had possession of that personage. Securing him to another general officer of rank, and afterwards discovering their mistake, they determined to have him shot. For this purpose he was led out, and when in the very act of being fired upon, he was recognised by the Surgeon-major of the regiment, through whose solicitation the consummation of so barbarous an act was suspended, and an order given to conduct him to General Bulow, the Provost-marshal of the allied armies. This officer having seen him at Berlin, at once recognised him as the distinguished surgeon, and was by no means insensible to his condition, as he was then almost naked, his feet entirely bare, his hands tied behind his back, and his head covered with bloody bandages. Ordering his cords to be removed, he was sent to Blücher, General-in-chief of the hostile armies. To him Larrey was personally known, having saved the life of his son during the Austrian campaign. The Marshal treated him with kindness, and after inviting him to breakfast at his table, he presented him with a sum of money, and afterwards caused him to be conveyed to Louvain, where, from some misunderstanding, he was placed in the house of a poor woman, and while drinking his bowl of onion soup, was again recognised by a young medical officer, who, on seeing him, exclaimed in amazement, 'You are Baron Larrey,' and taking to his heels hastened to make known the fact to the municipality, whereupon he was soon taken to the house of the distinguished professional men in Louvain, from whom he received the kindest proofs of friendship and care. By permission from the commander of the allied

powers, he returned to Paris to the society of his family. But now how changed! His long intimacy and association with the Emperor rendered him an object of distrust. From every office and post of honor, over which the government exercised jurisdiction, was he removed, being only retained as surgeon to the hospital of the Guard, thus reducing him to comparative poverty. Among his other misfortunes was the death of an aged and venerated mother, who sank under a pressure of grief, from the erroneous announcement that her son had fallen a victim to his wounds at the battle of Waterloo; and following this event, was the demise of his brother, a surgeon at Nimes. So extreme had become his resources, that it is creditably related he contemplated, at the request of many friends, a removal to the United States. Strong in his attachments, he could not, however, leave France; and although solicited by the Emperor of Russia, and Don Pedro of Brazil, to take charge of their armies, with the most flattering offers of emolument and rank, he remained firm to his purpose. It was during this period of poverty and melancholy he prepared for the benefit of the world, his fourth volume, containing the campaigns of Russia, Saxony, and France. In 1818, his pension of 3000 francs was restored to him, by an act of the Chamber of Deputies. In 1821, the news of the death of Bonaparte was received, and among all the thousands who mourned the event, there were none who more deeply felt than Larrey. As usual, Napoleon had not forgotten him, even in death, but spoke of him to those around, as the most virtuous man he had ever known, and as a substantial proof of his regard bequeathed to him one hundred thousand francs. In 1826, by permission of the King and the Minister of War, accompanied by his son, he visited England, Wales, Ireland, and Scotland, where he was received with every mark of respect and distinction becoming his character and position.

"On his return to Paris, he assumed his duties as surgeon-in-chief and Medical Inspector-General, which he had received after the death of Napoleon. In 1830, at the breaking out of the Revolution, his services were again called into active requisition, and performed in so important and satisfactory a manner, as to receive, on the accession of Louis Philippe, the 'medal of July.' After this event, he, at the request of the king of the Belgians, visited that country, making a thorough organization of all the military hospitals and ambulances. His report was followed by a flattering letter with the king's autograph, accompanied by a gold snuff-box, on which were inscribed the initials of his Royal Highness in brilliants. In 1834, by permission from the war department, he visited the south of France, and which was to him a tour of much interest and pleasure. He stopped for a time at the place of his birth, and meets, among others, the preceptor of his tender years, the Abbé de Grasset, an old man over ninety years; and in almost every village through which he passed, was he recognised by the crippled remains of the Old Guard, who, overjoyed at the sight of his venerated person, came forth, some without arms, and others on their wooden pins, to do homage before his presence, following his carriage for miles, that they might catch a glimpse of his face. In 1835, he returned again from the south of France, where he had, at the request of the Minister of War, spent some time in visiting the hospitals, in consequence of the prevalence of the cholera, and to whom he presented a detailed and valuable report. In 1840, when the mortal remains of Napoleon were brought home to France, Larrey participated in the formalities attending that great funeral pageant, which he and his associates designated as their 'last campaign.'

"Having a wish to visit again the camp, in 1842 he obtained from Marshal Soult, the Minister of War, an order to visit Algeria, and inspect the hospitals of the French there established. Accompanied by his son, he left Paris, and accomplishing the object of his mission, was on his way home, when he was attacked with pneumonia, and expired at Lyons, on the 25th of July, aged 76 years. His remains were taken to Paris, and on the day when they were deposited in the vault gratuitously prepared by the authorities of Paris, a vast concourse collected to testify their respect for this great man, among whom were the members of the Academy of Sciences, the Society of Medicine, the civil and military authorities, the ancient soldiers of the Empire, and numbers of distinguished citizens. 'If ever,' said Napoleon, 'the military erect a statue, it should be to Baron Larrey, the most virtuous man I have ever known.' Posterity is not insensible to the claims of genius, and already two monuments have arisen to the memory of Larrey; one in 1850, in the court of the Val-de-Grâce hospital, and the other in the hall of the Academy of Medicine."

THE PLACENTA, THE ORGANIC NERVOUS SYSTEM, THE BLOOD, THE OXYGEN, AND THE ANIMAL NERVOUS SYSTEM, PHYSIOLOGICALLY EXAMINED. By JOHN O'REILLY, M.D., Licentiate and Fellow of the Royal College of Surgeons in Ireland, etc., etc. New York: S. S. and W. Wood; London: Churchill. 1861. Pp. 204.

The subjects embraced in this publication are among the most important which now engage the attention of the advanced students of physiological science. With them we involuntarily associate the names of Brown-Séquard, Dalton, Bernard, and others not less distinguished, and yield them the homage due successful pioneers in the thorough cultivation of hitherto unexplored fields. Dr. O'Reilly is evidently an enthusiastic student in whatever department of medical science he directs his inquiries. He chooses by preference the most abstruse subjects, and brings to their investigation experimentation, observation, and ratiocination. To give the various questions which the author has brought forward, and subjected to critical analysis, a complete examination, would be a task for which we have neither time nor space. Nor would such review profit the reader who has access to Dr. O'Reilly's work. It embraces a mass of propositions, experiments, and conclusions, which no one can properly appreciate without carefully perusing the work itself. The author has done a good service by giving to his various publications this permanent form.

PROCEEDINGS OF THE PATHOLOGICAL SOCIETY OF PHILADELPHIA. Vol. I. Philadelphia: J. B. Lippincott & Co. 1860. Pp. 307.

The Philadelphia Pathological Society was organized Oct. 14, 1857, and as the result of four years' labors has put forth a volume respectable in size, and replete with matter of the highest practical interest. Some of the reports are very elaborate, as that on *Cancer of the Pancreas* by Dr. Da Costa, which contains a table of thirty-seven carefully prepared cases. The Pathological Society of Philadelphia has set an example to its sister societies which we trust will not be unregarded.

THE GORILLA; being a Sketch of its History, Anatomy, General Appearance, and Habits. By LEONARD J. SANFORD, M.D. (Read before the Connecticut Academy of Arts and Sciences, Dec. 18, 1861.) From the American Journal of Science and Art.

This reprint contains an anatomical description of the Gorilla, based on the facts brought forward by the American traveller Du Chaillu.

Correspondence.

TREPHINING IN EPILEPSY—CURE; PARALYSIS OF THE PORTIO DURA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—John Tobin, æt. 28, common laborer, possessing a model physical organization. Two years this coming January, he received a blow on the side of the head, fracturing and depressing the anterior inferior angle of the parietal bone. He had suffered from spasms of an epileptic character as described to me, at intervals as short as a day or two, and rarely three weeks. Cramps of the upper extremities, and especially along the course of the ulnar nerve, were very distressing, as well as a general numbness throughout. He had great difficulty in articulating, and as the friends said, was gradually growing demented. In the midst of a sentence in his narrations he would stop and take up another point, as well as pursue his common avocations

irregularly; and this condition of things gradually increased until he could no longer be trusted in his daily pursuits.

He applied to me, and trephining was advised, and on the 9th of September I operated. The depression in the external table was of a diameter of an inch and a half. I applied a large-sized instrument, removing a portion of bone near an inch in diameter, having a spine of near a quarter of an inch in length projecting from the under surface, that had imbedded itself in the dura mater and substance of the brain, forming a pit in size and shape, much resembling that produced by a grain of coffee. The venous hemorrhage was very profuse from between the tables, from some abnormal distributions resulting from the fracture. He was walking about in two weeks, and has had no spasms since the operation, save from the accumulation of blood and pus within the first few weeks, that gave rise to light ones. The difficulty in his speech was immediately relieved, while the cramps and numbness slowly subsided, and his mental incoherence he has perfectly recovered from. I saw him a day or two since, and upon inquiry as to his well-being, "*First-rate*," was given in reply. In proof, he had assumed his accustomed duties. I look upon the operation as being attended with the most satisfactory results, more so than usually succeeds after the lapse of time that has occurred in the above case.

Miss B—, æt. 18, healthy, of nervo-lymphatic temperament, was surprised to find her mouth crooked, as she described it. Four days after, when she came to consult me, when she would smile the molars upon the left side were more easily seen than the incisors, for the lips posteriorly were separated. In a word, her mouth was upon the side of her face, and her nose was fast travelling the same road. She claimed to be in perfect health, but upon close inquiry remembered to have felt slight pain in the region of the mastoid process of the right side about the first day. Her hearing was in nowise interfered with, leaving us to infer that the portio dura was alone involved, in spite of the intimate relation with the portio mollis. This condition of things succeeded a fright by an intoxicated brother. To an antiphlogistic course it slowly yielded, restoring perfect symmetry again to her face.

Yours, etc.,

FAIRFIELD, Greene Co., O.
Dec. 11th, 1861.

J. T. READ, M.D.

Medical News.

HOSPITALS OF ROME.—The hospitals of Rome are numerous, and are for the most part kept very clean. La Consolation is destined for the reception of accidents, and contains sixty-two male and twenty-four female beds. The Hospital of St. John Calabita has fifty beds, and is for the reception of those whose complaints are trivial and short. The Hospital of Saint-Gallican, an ancient leper-house, is devoted to skin-diseases, and takes in sixty males, sixty females, and thirty children. The Hospital S. Salvatore is for women suffering from fever, scorbutic and chronic diseases. It receives annually about three thousand patients. The mortality there is great, the air being unhealthy. The students do not attend these hospitals. The Sisters of St. Vincent de Paul perform the minor operations and dressings. The Hospital Saint-Roch is for lying-in women. There is one ward of twenty beds, and many small rooms, etc. The facility of admission here is very great. No questions are asked. The woman takes a number on entering, and, even if she dies, may remain unknown. She can enter veiled, and remain so. This hospital is also closed to students. The Military Hospital receives annually about sixteen hundred sick. St. James's Hospital contains surgical cases, male and female. It has three hundred and eighty-four beds, and receives about two thousand patients. It is kept in excellent order; but the mortality is very great, being about eleven per cent.

There are in it two clinical wards, a fine amphitheatre, and *post-mortem* and dissecting rooms, a museum of pathological anatomy, etc. The Hospital of the Holy Ghost is the largest of all; it will hold two thousand male patients affected with internal diseases. Only six women are admitted into a small clinical ward. All febrile diseases are admitted, without any form or restriction as to age condition, country, or religion.—*Brit. Med. Jour.*

A JOKE IN A RUSSIAN HOSPITAL.—A singular development of Russian discipline is stated by a recent writer as having been witnessed by him during a visit to the military hospital at Riga. The head physician, a German practitioner, described the difficulty which he found in eliciting from the men the real seat of their complaints, as every ailment in the upper part of the body, whether in the head, back, or stomach, they call pain in the heart, and those in the lower parts of the body pain in the leg. Having arrived at the hospital, all the patients that were able to do so arranged themselves in a row, dumb and stiff as if on military parade. "How do you do to-day, old man?" asked the doctor of the first. "My heart pains," was the expected timid reply. "Tongue out," said the doctor, and out it was. Turning to the next, the same question, same reply, and same tongue operation. More than thirty in the row underwent the same medical inquiries and process. When about leaving, the head physician desired his visitor to look round. There stood the whole file in military attitude, with their tongues out. "We looked on for a while," continues the writer, "when the doctor loudly gave the word, 'Tongues in,' and all the articulating organs vanished in an instant. My risible faculties were so excited by the ludicrous scene, that it was some moments after we were in the open street ere I could, rather reproachfully, ask my friend how he could play such a trick on the poor fellows. 'You must not judge,' said he, 'by exceptions. I merely wanted to show you to what extent the blind spirit of discipline prevails among the Russian troops. Nor are the fellows,' added he, 'the worse for the joke; on the contrary, they believe that the cure is greatly promoted by keeping the tongue out in the presence of the doctor—the longer the better.'"—*Lancet.*

ADULTERATION OF PICKLES, BOTTLED FRUITS, AND VEGETABLES.—From an examination, it appears:—That of seven samples of *greengages* examined, four were colored with copper, while three were uncolored and free from that metal. That of five samples of *gooseberries* analysed, three contained much copper, and in two only was it absent. That a sample of *rhubarb* also contained copper. That of ten samples of *Pickles*, including *French beans*, *gherkins*, *mixed pickles*, and *West India pickles*, copper was found in seven, and but three were uncontaminated with that metal. That of five samples of *preserved peas* tested, two contained copper. That of four samples of *French* or *haricot beans*, three were highly colored with that metal, which was also largely present in a sample of *mixed vegetables*. Thus of thirty-three samples analysed, copper was present, frequently in considerable amount, in no less than twenty-one of the samples, or in nearly two-thirds.—*Lancet.*

NEW METHOD OF GIVING CHLOROFORM.—At a recent meeting of the Obstetrical Society, Dr. Simpson described a plan of administering chloroform which he has now adopted in preference to that at present in use here. The present mode is to fold up a handkerchief and pour into the hollow a quantity of chloroform, and then hold it at some distance from the face, so as to admit of atmospheric air being inhaled along with the vapor. The new plan is to lay a single layer of handkerchief over the face, and let the chloroform fall on it drop by drop. The advantages are these:—1. That there is less danger to the patient from the smaller quantity applied at a time. 2. That anaesthesia is more speedily produced. 3. That the quantity of chloroform required is less. Various gentlemen who had made trial of the plan confirmed the value of this process; and Dr. Young in particular stated that he had kept a patient nar-

cotized for ten hours with two ounces and a half of chloroform.—*Brit. Med. Jour.*

ON ARSENIOS ACID, IN LARGE DOSES, IN FEVER, A SUBSTITUTE FOR QUININE.—Mr. Turner has employed arsenious acid for twenty years in the treatment of intermittent fevers, and, on account of the great drain upon the cinchona tree, and his strong opinion as to the equal, if not greater, value of arsenious acid in the above-named diseases, he now brings the results of his experience before the Profession. He considers the fears of an inconvenience or danger arising from the remedy as much exaggerated. Mr. Turner's success was so marked that in 1860 the Director-General stated that Mr. Turner should be thanked for "drawing the attention to his successful treatment of intermittent fevers by large doses of arsenic, and steps should be taken by circular to urge an extended trial of this remedy, and reports requested." The course usually adopted by the Author was to give the arseniate of potash as in the following prescription:—℞ Liq. potass. arsen., tr. cardam. co., ana 3 ss; mucilag. acac., 3 iij; mist. camph. vel aquæ, ʒ ss. M. To be given every second hour four or five times, the last to anticipate the expected paroxysm at least two hours.—*Read before the R. M. and S. Society of England.*

HONORS TO PROF. SYME.—That honors seldom come single has proved true in the case of our very eminent professor of clinical surgery, who has within the last few months been selected for honor by three European monarchs: first, by the King of Denmark, who created him a knight of the order of Danebrog; second, by the Emperor of the French, who made him a chevalier of the Legion of Honor; and lastly, by our own Queen, who has appointed him her surgeon in ordinary for Scotland.—*Brit. Med. Jour.*

DEATH OF DR. SOUTHWOOD SMITH.—This eminent sanitarian died Dec. 10th, of bronchitis, in his 73d year. Dr. Smith was the author of several works, all of which passed through many editions. He was for many years physician to the London Fever Hospital, and the results of his experience were embodied in a work on fever. His reports on quarantine cholera are very valuable.

At the meeting of the Academy of Medicine, Jan. 3, the following officers were elected:—Dr. H. D. Bulkeley, Vice-President; Dr. J. H. Hinton, Recording Secretary; Dr. J. G. Adams, Corresponding Secretary; and Dr. J. O. Pond, Treasurer.

PROF. AUSTIN FLINT, JR., has been appointed microscopist to Bellevue Hospital. Dr. Wm. H. Thompson has been appointed Clinical Registrar to the same institution.

VERMONT ASYLUM FOR THE INSANE.—From the twenty-fifth annual report of the officers of this institution, located at Brattleboro', we learn that it is in a highly satisfactory condition. The health of the inmates appears to have been more than ordinarily good, and the recoveries have been numerous. From the report of the superintendent, it appears that 576 patients enjoyed the benefits of this institution the past year. There were 436 remaining at the commencement of the year; 140 have been admitted; 138 have been discharged; and 438 now remain, of whom 230 are males, and 208 are females. Of those discharged, 56 recovered. Since the opening of the Asylum, 3308 have been admitted, and 2870 have been discharged. Of the 2870 discharged, 1547 have recovered.—*Boston Med. Jour.*

REPORT OF DEATHS in the City and County of New York, for the week ending the 6th of January, 1862. Men, 88; Women, 75; Boys, 114; Girls, 105. Total, 382. Adults, 163; Children, 219; Males 202; Females, 188; Colored Persons, 2. The leading causes of death were: bronchitis, 15; infantile convulsions, 29; croup, 15; diphtheria, 6; scarlet fever, 47; typhoid fever, 5; typhus, 5; pneumonia, 23; small-pox, 10; consumption, 64; dropsy in head, 15; infantile marasmus, 12. There was an increase of five over corresponding week of last year, and a decrease of 23 as compared with last week.

MEDICAL DIARY OF THE WEEK.

Monday, Jan. 13.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M.
Tuesday, Jan. 14.	{ NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garriah, 1 P.M.
Wednesday, Jan. 15.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1a. Ho., half-past 1 P.M. ACADEMY OF MEDICINE, half-past 7 P.M.
Thursday, Jan. 16.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garriah, 1 P.M.
Friday, Jan. 17.	{ NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, Dr. Noyes, half-past 1 P.M.
Saturday, Jan. 18.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garriah, 1 P.M.

SPECIAL NOTICES.

THE NEW YORK ACADEMY OF MEDICINE.—DR. CONANT will read a paper before the Academy, Wednesday Evening, January 16th, "On the Science, Causes, and Anatomical Characteristics of Human Monstrosities."

To Physicians. A Physician in good practice, of more than ten years' standing, in the city of Brooklyn, N. Y., who has a business of value, but whose failing health makes another climate desirable, would like to negotiate with respectable parties having means at command, for the transfer of the good will of his business. Further particulars may be obtained upon application at No. 124 Dean street, Brooklyn, at any time between 7 and 9 o'clock P.M.

Rensselaer Polytechnic Institute, Troy, N. Y.—The seventy-sixth semi-annual session of this Institution for instruction in the Mathematical, Physical, and Natural Sciences, will commence Feb. 19th, 1862. A full course in Military Science is now in progress.

Further information, with the Annual Register, can be obtained of PROF. CHARLES DROWN, Director.

To Physicians.—Timolat's Old Estab-lished SULPHUR AND VAPOR BATHS. Introduced in 1830 by L. J. TIMOLAT, from Paris, at No. 1 Carroll Place, Bleecker street, corner of Laurens street, New York. Given daily by A. L. TIMOLAT & CO.

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Medical and Surgical History of the British Army, which served in Turkey and the Crimea during the War against Russia in the years 1854-5-6. 2 vols. 4to. London, 1858. \$12.50.

Report of the Commissioners ap-pointed to inquire into the regulations affecting the Sanitary Condition of the British Army, the Organization of Military Hospitals, and the Treatment of the Sick and Wounded; with Evidence and Appendix. 4to. London, 1859. \$10.

Report of the Proceedings of the Sanitary Commission despatched to the Seat of War in the East, in 1855-56. 8vo. London, 1857. \$4.

Statistical, Sanitary, and Medical Reports of the British Army, for the year 1859. London, 1861. \$2.50.

General Report of the Commission appointed for Improving the Sanitary Condition of Barracks and Hospitals in the British Army. Folio. London, 1861. \$2.50.

As these Reports are now difficult to be procured, intending purchasers are requested to make early application for them.

Armand, Histoire Medico-Chirurgi-cale de la Guerre de Crimée. 8vo. Paris. \$1.85

Baudens.—La Guerre de Crimée, les Campements, les abris, les ambulances, les hopitaux, &c., &c. Second edition, 12mo. Paris, 1858. \$1.

Bertheraud.—Campagne d'Italie de 1859. Lettres Medico-Chirurgicales écrites du Grand-Quartier général de l'armée. 12mo. Paris, 1860. \$1.00.

Bertheraud. Campagnes de Kabylie. Histoire Medico-Chirurgicale des Expéditions de 1854, 1855, and 1857. 8vo. Paris, 1862. \$1.80.

Boudin.—Resumes des dispositions legales et réglementaires qui président aux opérations médicales du recrutement, de la réforme et de la retraite dans l'armée de terre. 8vo. Paris. 50 cts.

Boudin.—Systeme des Ambulances des Armées Françaises et Anglaises. 8vo. Paris. 87 cts.

Boudin.—Souvenirs de la Campagne d'Italie. 8vo. Paris. 75 cts.

Cazalas. Maladies de l'Armée d'Orient. Campagne de 1854-55-56. 8vo. Paris, 1860. \$1.25.

Fraser. A Treatise upon Penetrating Wounds of the Chest. 8vo. London, 1859. \$1.80.

Gross, S. D.—A Manual of Military SURGERY; or, Hints on the Emergencies of Field, Camp, and Hospital Practice. 24mo. Philadelphia. 50 cents.

Guthrie.—Commentaries on the Sur-GERY OF THE WAR IN PORTUGAL, SPAIN, FRANCE, and the NETHERLANDS. With Additions relating to the War in the Crimea. 8vo. London. \$4.65.

Hamilton, F. H.—A Practical Trea-TISE ON MILITARY SURGERY. Fully illustrated. 8vo. New York: 1861. \$2.

Jacquot. Du Typhus de l'Armée d'Orient. 8vo. Paris, 1858. \$1.57.

Notes on the Surgery of the War in the Crimea, with Remarks on the Treatment of Gunshot Wounds. By GEORGE H. B. MACLEOD, M.D. Philadelphia, 1861. \$1.50.

On Fractures of Bones and Resection in Gunshot Injuries. By Dr. LOUIS STROMEYER. 8vo. London. \$1.87.

Outlines of Military Surgery. By SIR GEORGE BALLINGALL, M.D. 5th edition, 8vo. London. Price \$4.00.

Saurel.—Traite de Chirurgie Navale, suivi d'un résumé de Leçons sur le service chirurgical de la flotte, par le Dr. J. Rochard. 8vo. Paris, 1861. \$2.10.

Scrive. Relation Medico-Chirurgi-cale de la Campagne d'Orient. 8vo. Paris, 1857. \$2.00.

Tripler & Blackman.—Hand-Book for THE MILITARY SURGEON. 12mo. Cincinnati. \$1.

Warlomont. L'Ophthalmie Militaire à l'Académie Royale de Médecine en Belgique. 8vo. Bruxelles. \$2

Williamson.—Notes on the Wounded FROM THE MUTINY IN INDIA. With a Description of the Preparations of Gun-Shot Injuries contained in the Museum at Fort Pitt. 8vo. London. \$2.75.

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Original Lectures.

LECTURES ON NEW REMEDIES AND THEIR THERAPEU- TICAL APPLICATIONS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.

By SAMUEL R. PERCY, M.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE II.—PART II.

CORROSIVE CHLORIDE OF MERCURY.

Poisonous Doses.—When a poisonous dose has been taken the symptoms are a disagreeable and acrid metallic taste in the mouth, which has generally a whitened appearance, with a sense of burning and constriction at the epiglottis, in the cesophagus, and in the stomach. The pain in the stomach is generally excruciating, but there have been instances where there has been no pain. A deathly feeling of nausea, with an exceedingly painful vomiting, generally follows, the vomited matter being sometimes only mucus, at other times mucus mixed with blood. There is great prostration, sometimes convulsions, and occasionally cramps in the stomach and legs. If any length of time elapses before death takes place, there is generally violent and painful bloody purging, and difficulty in passing urine. The countenance is first flushed, afterwards it has a look of inexpressible anxiety. The pulse is small, rapid, and wiry; there is burning thirst, and great restlessness, and the respiration becomes labored. The symptoms are those of gastro-enteritis, and much resemble poisoning from other corrosive substances. Professor Christison draws the following characters as distinguishing poisoning by corrosive chloride of mercury from that of arsenious acid:—1. The symptoms begin much sooner; 2. The taste is much more unequivocal and strong; 3. The acidity and irritation in the gullet are much greater; 4. The countenance is flushed, and even swollen; whereas, in poisoning by arsenic, it is usually contracted and ghastly; 5. Blood is more frequently discharged by vomiting and purging; 6. Irritation of the urinary passages is more frequent; 7. Nervous affections are more apt to come on during the first inflammatory stage; 8. The effects are more curable than those of arsenic; 9. Deviation in the symptoms is more rare. If the patient recovers from the primary effects of the poison, he is generally left with an irritable state of the bowels and urinary organs; and salivation with its usual concomitants.

Treatment of Poisoning.—The first indication is to give diluents and an antidote combined; for this purpose, water mixed with the white of eggs should be freely administered. If eggs are not convenient, wheat flour mixed with water or milk may be given, and although these substances are not as efficient antidotes as albumen they tend to neutralize the activity of the poison. Albumen mixed with the corrosive chloride of mercury in this way combines with it, so as to form a compound, which is for the time at least inert; but it should be removed either by the stomach-pump or by vomiting, as the mercurial, in an unchanged form, may be detected in the substance by chemical reagents. Mialhe has recommended the hydrated proto-sulphuret of iron as an antidote to this poison, but to be of service it must be given soon after the poison has been swallowed. He states that reactions take place between these substances, the iron being converted into a proto-chloride and the mercurial into a sulphuret. (The reactions may be thus expressed, $\text{Fe S} + \text{Hg Cl} = \text{Fe Cl} + \text{Hg S}$.) He has used the same substance as a gargle, and says that it will instantly remove the metallic taste of the corrosive chloride from the mouth. A mixture of two parts of iron filings and one part of granulated zinc, has been recommended by Bouchardat for reducing the mercury in the corrosive chloride to a metallic state. But these metallic

substances are not always on hand, and as it does not do to delay a moment longer than necessary, let the flour and water or milk be used, until eggs can be obtained, or until the metals can be sent for. In cases of poisoning, your patient's life depends upon your knowledge and promptitude; and you should always know what class of remedies are most easily obtained, which could be administered on the spot. After the administration of the eggs, flour, or milk, either free vomiting should be induced, or the stomach-pump used, after which a dose of castor-oil should be given, and the irritation and inflammation counteracted by free doses of opium and other treatment, to allay gastro-enteritis.

There are instances of poisoning and death on record, from the external application of corrosive chloride of mercury.

Post-Mortem Appearances.—Supposing you have been sent for, to attend a person whom you suppose to have been poisoned by corrosive chloride of mercury, and that death takes place soon after your visit—what evidences of poisoning will you look for? These are cases in which you will be brought before a coroner's jury to give evidence; and upon the knowledge you have displayed, and the skill with which you have conducted your examination, will depend the freedom from suspicion of a person wrongfully accused, or the punishment of, or the escape of a guilty individual. With the great responsibility of a person's life resting in your hands, for the sake of your own reputation and that of the profession to which you belong, you must not be either careless or ignorant, and if you have not perfect confidence in your own ability call in some professional brother to help you; in fact, it is always better under all circumstances, if possible, to have two physicians in attendance on such cases. If a person has been poisoned by this substance and death takes place within a few hours, you must not only examine the mouth, the throat, the cesophagus, the stomach, and intestines, to ascertain what pathological changes have taken place, but you must also preserve these organs and their contents for chemical examination. You will probably find the mouth, the throat, and cesophagus abraded in places, the mucous lining whitened, and evidences of congestion and commencing inflammation. The mucous membrane of the stomach will often show marks of corrosion and inflammation, sometimes only in patches, and at times more extended. Beneath these patches, masses of extravasated blood are often found. If the amount of poison has been large and diluted, the whole mucous coat will often have a grey, or slate color, owing to partial decomposition. Marks of inflammation similar to those just described, will be found in the duodenum and small intestines if the poison has passed over them, and there are occasionally instances where they have been found in the whole tract of the intestinal canal. The mesenteric glands, kidneys, and bladder, should also be examined; and all the urine found, saved for chemical examination. It has been too much the case to neglect the examination of the kidney and urine; in the former you will, in most instances, find traces of inflammation; and in the latter I have no doubt there may be found traces of the poison; and from the violent vomiting that frequently takes place, the poison may be dislodged from the stomach, and the only portion that is to be found may be discovered in this secretion. It is important that all the urine that a patient passes after poisoning, should be saved and examined; it is more important to save this, than the latter vomited matters. The organs that I have mentioned must not be the only ones examined for pathological changes, for independent of the effects that poison may have on them, you may discover some other cause of death than that of poison.

But frequently in cases of poisoning, death does not take place for several days; you then have a different state of things, and would look for different pathological changes. Here you would not find the whitened appearance of the mouth, fauces, and cesophagus, but if there were any changes in the membrane it would be that of the redness of inflammation. The stomach would not present the greyish ap-

pearance above mentioned, but would be highly injected with red blood and inflamed, either in patches or throughout its whole extent. There may not be any marks of change in the duodenum or small intestines, but the large intestines would probably present many spots or patches of inflammation. You recollect that I have before alluded to the experiments of Headland with sulphate of magnesia; that he found that it was absorbed by the stomach into the blood, but that it was deposited again from the blood in the large intestines. The same absorption takes place here, and that it is again deposited in the large intestine seems more than probable from several cases that have been noted, wherein no change had been observed in the small intestines, but the stomach and portions of the large intestines were equally inflamed. The kidneys would be also inflamed, and being unable to eliminate much of the poison, would throw it back upon the system, to be eliminated by the large intestines, which would become inflamed by the poison, even to the anus. In these cases the symptoms of the poisoning during life, and the pathological changes found after death, would be the only evidences of the administration of poison; for chemical analysis would not detect it in the tissues after death. It is generally supposed that to convict a person of murder by poisoning, it is essential to prove the existence of the poison either in the body or its secretions; but this is not so, nor is it right that it should be so. There are certain well marked symptoms by which the physiologist is able to determine on physiological principles the existence of poisoning, when no poison can be detected by the most accurate chemical test. Palmer was convicted of murder under such circumstances.

Chemical Analysis for the Detection of Corrosive Chloride of Mercury.—On being called to a case where you have reason to suspect poisoning, it is of the first importance to save all the vomited matters, for they frequently contain all the poison there is to be found. It is also important to save all the urine passed, for as the salt is very soluble a portion amply sufficient for detection may be found in the urine.

The vomited matters, the contents of the stomach and upper intestine, the stomach itself, and the urine, may be examined separately. All but the latter may be boiled in distilled water, and the fluid filtered and evaporated. The dry mass that does not pass through the filter may be digested in ether, the ether filtered off and evaporated. Portions of these evaporated fluids may be treated with boiling distilled water, filtered, and tested by the chemical reagents hereafter to be referred to. The tests that I shall here mention are those that have been applied and recommended by Dr. T. G. Wormley, and they are the most minute and accurate of anything we have seen, even in the exact science of chemistry. I do not mean to say that they are new tests, only that they have been applied with such science, accuracy, and skill, that they present us more certain and minute results than we have hitherto obtained. As I shall have occasion to use the long term, corrosive chloride of mercury, many times, let me use the symbol HgCl. I before explained to you that the salt was composed of one equivalent of mercury Hg, and one of chlorine Cl. The symbol HgCl is short and easily remembered. Small quantities of the solution of HgCl may be applied by a pipette, in a watch glass or upon a glass slide, and with another pipette, a small quantity of the reagent may be added. 1. *Ammonia*.—Added to a solution of HgCl gives a dirty white flocculent precipitate, insoluble in an excess of ammonia. If the HgCl solution be exposed to the vapor of ammonia, it gives the same by reaction. By this test $\frac{1}{100}$ gr. is easily detected, and with $\frac{1}{3000}$ gr. the reaction is to be satisfactorily seen. 2. *Potash*.—Liquor potassæ added to a solution of HgCl, gives an immediate bright yellow amorphous precipitate, insoluble in an excess of the reagent. By this reagent $\frac{1}{100}$ gr. can be readily detected. 3. *Carbonate of Potash*.—If a small quantity of this reagent be added to a solution of HgCl it gives a yellowish or reddish yellow precipitate; but if an excess of the reagent is used, the precipitate is of a brick-red color. By

this reagent $\frac{1}{100}$ gr. can be readily detected. 4. *Chromate of Potash*.—This reagent produces a greenish-yellow flocculent precipitate, easily distinguishable in $\frac{1}{100}$ gr.; but bichromate of potash gives no precipitate with this quantity. 5. *Iodide of Potassium*.—This reagent produces an immediate bright scarlet precipitate, which is readily soluble in an excess of either HgCl, or the reagent; and may be distinguished to $\frac{1}{3000}$ gr. The least visible quantity of HgCl in a dry state touched by a solution of KI (Iod. Pot.) becomes immediately yellow changing quickly to scarlet, soluble in an excess. 6. *Ferro-Cyanide of Potassium*.—This reagent produces a copious, dirty white amorphous precipitate, soluble in an excess of the reagent; this precipitate is visible in $\frac{1}{1000}$ gr. 7. *Ferro-Cyanide of Potassium*.—This reagent produces a greenish-yellow amorphous precipitate, insoluble in an excess, and may be distinguished even to $\frac{1}{3000}$ gr. 8. *Chloride of Tin*.—This reagent produces a light grey thin precipitate, which is flocculent, and may be distinguished even to $\frac{1}{3000}$ gr. 9. *Nitrate of Silver*.—This reagent produces a copious white curdy precipitate of chloride of silver, which is distinguishable to $\frac{1}{10000}$ gr., and in Gmelin's Handbook it is stated that a solution of sal-ammoniac, containing one part of chlorine in 3,200,000 parts of water gave with nitrate of silver a "barely perceptible cloud." 10. *Hydrosulphuric Acid*.—The solution of HgCl must be slightly acidified with hydrochloric acid, and a stream of washed sulphuretted hydrogen passed into it. When the solution holds $\frac{1}{100}$ part of its weight of HgCl, it gives an immediate brown precipitate, which soon changes to a dark brown, and ultimately to a copious black precipitate. If the solution contains $\frac{1}{10000}$ part of HgCl it is precipitated in brown flakes, which become darker. 11. *Copper Test*.—This test is so minute and its details so long, that I can give you but a mere outline. You will soon have an opportunity of reading and studying a work from Dr. Wormley, on the "Micro-chemistry of Poisons," which will give you more accurate tests than any I have given you here. This test consists in introducing into the HgCl solution a small clean slip of copper foil, which will cause a decomposition of the mercury compound with a deposition of metallic mercury upon the copper. The delicacy of the test is much improved by acidulating the mercury solution with hydrochloric acid, and also by treating the acidulated solution. To perform this test a small quantity of the mercury solution may be placed in a watch glass, and acidified with hydrochloric acid, and a small slip of copper introduced into the solution, and heated over a spirit lamp. $\frac{1}{100}$ grain of HgCl will impart to the copper an immediate silvery lustre, which soon becomes grey; this reaction takes place equally well without the hydrochloric acid or heat. The copper should not be less than about $\frac{1}{2} \times \frac{1}{4}$ inch, otherwise some of the mercury will become detached. After allowing the copper to remain in the solution for several minutes, it is to be removed, and carefully washed with a small stream of water from a wash bottle, or with water containing a little ammonia; it is then gently pressed between folds of filtering paper until perfectly dry. It is now placed in a perfectly clean and dry reduction tube; heat being applied to the closed end the mercury will volatilize and condense a little above the point heated, in the form of a mist-like deposit, very readily discernible by the naked eye. If the sublimate be examined by the low power of a microscope, it will be seen to consist of innumerable spherical globules, which are opaque by transmitted light, and present a very bright silver lustre under incident light. The tube should only be heated in the part that contains the copper; every time the mercury is volatilized it is attended with more or less loss. $\frac{1}{100000}$ th part of a grain of HgCl may be satisfactorily shown by this test. 12. A very small quantity of HgCl when mixed with a small quantity of calcined carbonate of soda, and treated in a small reduction tube, will give a sublimate of mercurial globules.

It has been asserted by some that the finding of HgCl

in the system is no proof of its having been administered as a poison, for calomel may become converted by the action of chlorides, or common salt, into HgCl. Instances are said to be adduced in proof of this theory, but I think there are as yet no evidences that would be accepted as *proof* by a prudent toxicologist. It is a fine-spun theory that may be serviceable to an able lawyer to puzzle a physician and befog a jury. If such were the case we should meet with numerous cases of poisoning, for calomel is very frequently administered, and by some of our southwestern brethren in doses of a teaspoonful. But we never hear of poisoning in these cases. There are no doubt many instances where HgCl is to be detected in calomel in small quantities, when it has been prepared by careless manufacturers, but I have never seen it in sufficient quantity to produce poisoning of even a mild degree. As to the theory of calomel changing to HgCl in the stomach, you need attach no importance to it. I think the action of calomel may be explained in some other way, though I suppose you are aware that there are some persons who assert that it produces no effects upon the system unless it is changed by the alkaline chlorides in the stomach and intestines into the corrosive chloride; this theory I discussed at some length in my lecture on calomel.

Original Communications.

THE MECHANISM AND TREATMENT OF LABORS WITH FACE PRESENTATIONS,

BEING IN PART A PAPER READ BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By JOSEPH MARTIN, M.D.

OF NEW YORK.

(Continued from page 23.)

I WILL now endeavor to show that lateral uterine obliquity, at the beginning of labor, is the cause of face presentations—that the head does not enter the pelvis by the mento-frontal diameter—that the chin is not at any time fully extended—that the occiput passes over the perineum before the chin merges from under the pubic arch—that the mechanism of such labors depends upon some well known principles of mechanics—and that a presentation of the face can be converted into a vertex presentation.

We will now direct attention to some of the principles of mechanics that perform an important part in the mechanism of labors with face presentations. The base of the cranium, when it is about to enter the superior strait, and during the process of labor, may well be considered a lever, the length of which is represented by the mento-occipital diameter. The long arm is the space between the point of the chin and the condyles at the great foramen, and the short arm is the space between the condyles and the occipital protuberance. When the joint, formed by the condyles and atlas, is stationary, or nearly so, it becomes the fulcrum of the lever when power is applied to the chin, and the cranial base is then acted upon as a lever of the first kind. And as the long, or mental arm, is one inch longer than the occipital arm, it requires but little force to depress the chin, when the head is left free to move upon its transverse axis. To depress the occiput, after it is elevated, requires rather more force, but if it be drawn down one or two inches, the chin will be raised one and a half, or three inches.

Now, when the base of the foetal cranium, that is, the mento-occipital diameter, is parallel with the plane of the pelvic brim, at the beginning of a labor, *the manner in which the head enters the superior strait will depend upon the position of the uterus.* If it be nearly vertical, its contractile power, acting in the direction of the longitudinal axis, forces the occipital portion of the head, or the short arm of

the lever, first into the cavity of the pelvis, because if the axis be then extended it would pass through that part of the cranium. This is the mechanical process in natural labors.

When, however, the foetal head, at the beginning of a labor, is at the superior strait, and the uterus is inclined to the right or left of the patient, on the same side with the foetal occiput, the uterine contractions produce a very different result. For if the longitudinal axis of the uterus be then extended through the cranium, it would terminate at the bregma; consequently the occiput could not be forced into the pelvis, but the forehead would be pressed against and below the brim at the opposite acetabulum. And, as the oblique position of the uterus, at the beginning of such a labor, would cause some separation of the chin from the chest, the circular uterine fibres, acting upon the long arm of the cranial lever at the chin, would force it into the pelvis, on one side, while the occiput would rise above the brim on the other side; the head rolling upon its transverse axis at the condyles, as a fulcrum, until the forehead and other parts of the face present. If the long axis of the uterus be then extended, it will be found to terminate at the upper lip, and the uterine contractions would force the face further down into the cavity of the pelvis.

Almost every writer on midwifery who makes any mention of *the origin of face presentations*, states, as shown above, that obliquity of the uterus at the beginning of labor is considered the cause. And Baudelocque advances the opinion, founded upon experience and observation, that—"There can be no face presentation without an obliquity of the uterus on the same side with the occiput." In every case the writer has seen there has been more or less lateral obliquity of the uterus, on the same side with the occiput, in one of the occipito-posterior positions; and in every instance the placenta was attached to the fundus uteri.

Before giving in detail a description of what I consider *the true mechanism of such labors*, it will be well to decide the question—is the chin, in such labors, fully extended as represented in the text-books? Smellie invariably drew down the chin when he was about to use his forceps in labors with face presentations, either with his fingers, or with a metallic hook, having a round button upon the end of it, which he contrived for the purpose. Since his time it has been the practice of accoucheurs generally to draw down the chin when it is at the pubic arch, from the prevailing belief that it aids delivery. Tyler Smith recommends such an interference, and Dr. Meigs of Philadelphia lays it down as a rule of practice. It must not, therefore, be considered strange that writers on midwifery should believe that a full extension of the chin ought always to attend face presentations. This opinion is so prevalent, and the interference so general, that very few obstetric practitioners have had an opportunity of observing what the natural position of the chin is at the termination of such labors. I have, indeed, met with but one writer who has given the exact position of the chin in the last stage of the process. Doctor Spaitz, in an essay entitled, "Experience in Face Presentations," published in a German periodical, and favorably noticed in the British and Foreign Medico-Chirurgical Review, for April, 1860, describes the termination of a number of such labors in the following language—"At the outset, the upper lip was fixed against the symphysis; the occiput then rolled over the perineum, *when at last* the mouth and chin merged from under the symphysis."

I have seen two labors in which I had the opportunity of observing this fact. In the first, there was a decided right obliquity of the uterus, a position it which it had been for several weeks. The placenta was attached to the fundus uteri, and the occiput was in relation with the right sacro-iliac synchondrosis, and could be felt above the brim. The parts presenting at first were the left malar bone, the left part of the brow, and the bridge of the nose. As the pains increased in strength, the whole face could be traced, the chin being at the left foramen ovale, and the forehead

at the spine of the right ischium. The chin and lips then passed under the symphysis pubis, and remained there until after the occiput had glided over the perineum. The chin was not at any time fully extended, as I ascertained by frequent examinations, its anterior surface and the lips, and not the tracheal portion of the neck, being the central point around which the occiput moved in the arc of a circle as it was forced through the outlet.

The second case is so well calculated to illustrate the true mechanism of labors with face presentations, that I shall describe it in detail; and will also give, what I consider the proper treatment of such labors as I proceed, because the practice is plainly indicated by the mechanism. On the 24th of January last, I was called to see Mrs. B., in labor with her second child. She had experienced labor pains for some hours. A slight right obliquity of the uterus was noticed, which she assured me had existed for two weeks, and which seemed to be no more than what is observed on first presentations. I found upon examination per vaginam, the head at the superior strait, the os uteri relaxed, and open to the size of half a dollar. As nothing but a smooth hard part of the head presented through the membranes, I left the bed-side, to wait for a further advance of the labor, without ascertaining the exact position of the uterus. The labor pains now became severe and frequent; and, at the end of three quarters of an hour, the membranes were suddenly ruptured, with an audible sound, and the liquor amnii was dashed forcibly against the foot-board of the bedstead. I examined her immediately, and found that the face had entered the pelvis. The presenting parts were the left malar bone, the eye, and the upper part of the nose. I now had no doubt that the part first touched was the left side of the forehead. I then made an external examination, and found that the longitudinal axis of the uterus formed an angle with the median line of the abdomen of about 40° to the right; and that, if the axis were then extended through the head, it would terminate near the left malar bone. The placenta was attached to the fundus uteri, and the occiput could be distinctly felt above the brim, in relation with the right sacro-iliac synchondrosis.

It cannot be said that in this case the head entered the superior strait with the face turned downwards, that is, by the mento-frontal diameter. On the contrary, the relative positions of the body and head of the foetus showed that the face, at the beginning of the labor, was turned towards the left side of the pelvis, and that the crown was turned downwards. The chin, being somewhat extended, was acted upon by the circular uterine fibres, and forced below the brim, at the left acetabulum, while the base of the cranium turned upon the condyles at the foramen as a fulcrum, and the occiput rolled upwards at the right sacro-iliac synchondrosis. This was evident from the order in which the different parts of the face successively presented, as the head was forced into the pelvis by the uterine contractions. That is, first, the smooth, hard part of the head, felt at the beginning, which must have been the brow; next the malar bone; then followed in succession, the cheeks, the nose, the lips, and the chin. It was in this manner that the foetal head entered the pelvis, by the super-occipito-frontal and the mento-bregmatic diameters.

This mechanism plainly indicates the mode of treatment that ought to be employed to correct the malpositions of the head in face presentations; that is, it shows that the chin and vertex ought to be restored to their normal positions, by bringing down the occiput with the hand, the vectis, or one blade of the forceps. The uterus would then assume its central position, and the labor would terminate with a vertex presentation. In making this change, the chin is raised out of the pelvic cavity by the mento-bregmatic diameter; the forehead is then raised above the brim by the super-occipito-frontal diameter, and the occiput brought below the brim by the occipito-bregmatic diameter. So that the long diameter of the head does not interfere in changing the face to vertex presen-

tation. But in this case, as the os uteri was fully open, all the soft parts relaxed, the foetal head comparatively small, and the labor progressive, I concluded not to interfere, but to carefully observe the mechanism of the labor.

The forehead now pressed against the spine of the right ischium, and the chin upon the soft parts at the left foramen ovale. A few severe labor-pains soon caused the head to rotate, and forced the chin forwards and downwards until it passed under the pubic arch; while the occiput sank below the brim at the right sacro-iliac synchondrosis, and glided under the promontory of the sacrum. The face was now just within the vulva, and the mento-frontal diameter was nearly parallel with the antero-posterior diameter of the outlet. During this process of rotation and descent, no artificial means to hasten delivery ought to be resorted to, except in extreme cases, because the chin, after turning under the ramus of the pubes, cannot be elevated above the brim by acting above the occiput; and the forceps cannot be applied without placing one blade upon some part of the face, when traction would do more or less injury.

The whole power of the uterus was now directed upon the condyles at the great foramen, and forced the occipital arm of the cranial lever outwards, while the chin and lips became stationary, as a fulcrum, under the pubic arch, until the occiput rolled over the perineum; the base of the cranium having been acted upon as a lever of the third kind; so that the head passed through the outlet by the mento-frontal, the mento-bregmatic, and the mento-occipital diameters; and not by the pretrachelo-frontal, the pretrachelo-bregmatic, and the pretrachelo-occipital diameters, as stated by Cazeaux. The shoulders entered the pelvis by the left oblique diameter; the left passed under the arch, and the right over the perineum, while the face turned towards the mother's left thigh. Mother and child did well.

The treatment during this last stage ought to be non-interference, unless the head be large and the pelvis small, when the blades of the forceps can be easily passed over the ears, as in vertex cases. Traction, however, must not be made in the same manner; but in the direction of the long axis of the uterus, so as to aid nature in the expulsion of the occiput.

I have met with but one labor with a face presentation, in addition to those already published, in which the vertex was brought down by artificial means. In June, 1860, I attended Mrs. M. residing in 36th street, New York, in labor with her third child. The membranes had been ruptured five hours before I saw her. The face presented, with the chin, at the right foramen ovale, and the forehead at the spine of the left ischium. The os uteri was well opened and relaxed. The right malar bone and cheek, the superciliary ridge, the nose, lips, and chin, could be easily distinguished. On examination externally, I found a decided left obliquity of the uterus, with the placenta attached to the fundus uteri, and the occiput above the brim of the left sacro-iliac synchondrosis. The patient told me that "the womb had been in that position for some days." I passed up the right hand along the left side of the head to the occiput, bent the fingers over it, and drew down the vertex, while pressing the uterus with the other hand towards the median line of the abdomen. I then turned the occiput forwards to the left foramen ovale, waited for strong labor pains, and withdrew the hand. The uterus now assumed its central position, the vertex presented, with the head in the left occipito-anterior position, and in little more than one hour the woman was delivered of a male child that weighed eleven and a half pounds. Mother and child did well.

Now, admitting that the above views and suggestions are based upon correct principles, let us consider for a moment, what would be the probable results if they were practically adopted in some Lying-in Hospital. For illustration, I will refer to a paper, published in 1859, by Professor Vonhelly, chief physician to the Lying-in Hospital at Prague. He states, that during his superintendence of

that charity, there occurred fifty-eight labors with face presentations, in thirteen of which the children were born dead; making upwards of eighteen per cent. One was putrid, and the remaining twelve were still-born; the process of parturition in all the cases having been left to nature. Yet this learned and experienced accoucheur adopts the prevailing opinion, and repudiates all attempts to change a face to a vertex presentation. But, with deference, I contend that if the malpositions of the foetal heads, in the cases he has reported, had been corrected in the manner proposed above, each of those twelve children would have had all the chances for life that a normal vertex presentation can offer.

I will now briefly notice that description of labor, with presentation of the face, which terminates with *the chin passing over the perineum*. Velpeau supposes such a variety of face presentation possible. But Cazeaux denies that it can take place; because, he says, the long diameters of the head would interpose. Dr. Murphy, and some other writers on midwifery, have adopted this opinion. Tyler Smith believes that, under ordinary circumstances, such a mode of termination is impossible without instruments. But Smellie, in his second volume of the edition mentioned above, describes three labors, with face presentations, that terminated with the chin over the perineum. In two of them he delivered with his forceps, and saved one of the infants. And at page 279, he records the only case of a successful natural delivery in such a labor, that I have seen. He says: "I plainly distinguished the face and the chin backwards at the coccyx. In two pains more the face and the forehead protruded the posterior parts in form of a large tumor, the perineum and fundament were greatly lengthened; the vertex and occiput slipped out from below the pubes, and the forehead and face turned up from the perineum."

I have not seen a labor of this description. But in February, 1859, a case occurred in my practice that will illustrate the manner in which such face presentations originate, and will show that they may be converted into vertex presentations by external manipulation. A lady, in labor with her fifth child, had severe pains for seven hours. The head was at the superior strait, the os uteri was well open and relaxed, and an irregular surface presented through the membranes. An external examination disclosed a decided right obliquity of the uterus, which had been stationary for six weeks, with a large placenta attached to the fundus. The occiput could be felt high above the brim, at the left acetabulum; the face being turned downwards, and presenting at the superior strait. The labor-pains being severe, I slowly forced the occiput downwards with one hand, while pressing the uterus towards the median line of the abdomen with the other, until the head entered the pelvis, in the left occipito-anterior position, when the labor soon terminated with a vertex presentation.

The history of this case shows that the mechanism of labors, with this description of face presentation, is the same as that in which the chin passes under the pubic arch, the termini of the cranial diameters being simply reversed. And from the success of the external manipulation, we may safely infer, that a presentation of the face, which would terminate with the chin under the pubes, may be prevented by a similar treatment, when the brow presents, and the occiput can be felt above the brim, on the same side, with an oblique pelvis.

THE LATE SIR JOHN FORBES.—The will of this distinguished member of the profession has just been proved, and the personalty sworn under £5000, which he has left to his only son. To the Medical Benevolent Fund and the Royal Medical Benevolent College he has left legacies of £100 each.—*Lancet*.

THE Brit. Med. Jour. ridicules the story recently in circulation that forty-three children were inoculated with syphilis through the medium of vaccine lymph.

THE PRESENT STATUS OF PSYCHOLOGICAL MEDICINE.

By I. PARIGOT, M.D.,

LATE COMMISSIONER OF LUNACY FOR THE COLONY OF GEELE, BELGIUM, ETC.

I.—INTRODUCTORY REMARKS.

THE motto inscribed on the banner of the medical profession, might well consist of one word only—*PRODESSE*; for, devotion to those who suffer as well bodily as mentally, sacrifice accompanied by real self-denial, is, and will be, the characteristic distinguishing the medical from all other professions. There is no other profession in which the lives of its members are constantly in danger; in the dissecting room, in hospitals, in infected garrets or hovels, and finally, on the battle-field medical men meet death, and as it were at every step. Still, they are ever found ready to accomplish their duty whatever their destiny.

It might properly be asked of every pioneer in the field of public beneficence, in the language addressed by the primitive inhabitants of this island to every stranger—*Who art thou? Which God dost thou adore? What are thy weapons?* Changing only the terms, the writer would say that, in community of spirit, feeling, and duty with his American brethren, he has always worked and striven, to the best of his abilities, for the benefit of sufferers, especially those who labor under mental afflictions; that truth having always been the object of his search, he is ready to accept it from others; and finally, that his desire of promoting science never interferes with his respect for personal character and convictions.

It is intended in this and subsequent articles, to ascertain the actual state of medico-psychological science, viewed, perhaps, from a different point than is usually taken, and considered in reference to what might accelerate its progress in this and other States of the Union.

To accomplish this object, it will be necessary to inquire into public opinions on insanity, to learn whether, as in Europe, there exist prejudices against insane persons, and even against their physicians. A very important point also to be examined, in its relation to the advance of psychiatry, is the moral position or conditions in which medical officers of public and private asylums, and even general practitioners, are placed by circumstances. Although they may have ready means of study, can they, in proportion to these facilities, promote that special branch of medicine? The solution of this question depends, in a certain degree, upon the acknowledged necessity of the public teaching of psychiatry in *every medical school or college*, with *practical clinics*, in every public asylum; or for large towns, in special and small establishments in which recent cases should be received gratuitously for that purpose. This, or any better analogous regulation would, in a few years, give such pre-eminence to American psychiatry, that two great results would be obtained by it; *first*, a considerable benefit in the per-centage of cures, and at the same time a diminution of insanity in the middle and superior classes; and, *secondly*, a great example given to other countries where, in spite of many advantages of all kinds, this branch of knowledge is neglected in the very face of the daily increase of insanity. Concerning hospitals, public asylums, and the so-called *Free-air Asylums* (which might hereafter be instituted), their regulations will be the object of our attention, regarding especially *one point*, their *therapeutical organisation*, which, in fact, is the fundamental object of all such institutions; there is a great law which, owing to the ignorance of administrative power, has never been properly appreciated, viz. that the proportion of the medical staff to the number of patients, ought to be such, that the latter should be really under medical treatment. This object is not thus obtained generally; we deny involuntarily, the right and facilities of being cured, whilst, at the same time, the burden of public charity is unnecessarily increased. It should be inquired, also, how medical ledgers could be kept so as to obtain accurate, scientific records in which diagnosis, treatment, etc., may be properly studied. We have been struck by this neglect in Euro-

pean establishments, and think, that no medical staff of any hospital should ever shrink before the consequences of a *contre-empirisme* made by any physician whatever be the school to which he may pertain. If our public institutions are open to the public; if our clinics are free; why should we not have the same moral control over the opinions entertained in an asylum by any physician on difficult cases under his treatment? All such regulations, and others of perhaps minor importance, are too much under the direct or indirect influence of administrative power, such as governments, corporations, boards of visitors, trustees, governors. The responsibility should be entirely with the medical staff. It might then be seen, that the regulations would minister to the wants of the insane. But in the contrary case, they often have proved to be the means of forming a collective power, exercised by petty rulers, each of whom acts without real responsibility. It will be well, also, to inquire how far the concentration of hundreds upon hundreds of patients in one immense building, serves the great purpose of curing the greatest possible number. In some of these badly regulated institutions in Europe, we found a sort of administrative mechanism, in which nobody could take a real interest from a tyrannical power that governed each officer, and in which, consequently, the physicians were not much above the smallest officer, even a porter! It is very probable, and I hope certain, that such abuses do not exist in free America, where inquiries may be conducted with perfect liberty, and the results be made public. Some institutions may, however, have been made in imitation of those abroad, and something, in that respect, might be wanted in regard to liberal principles. Next occurs the question as to the necessity of establishing commissions in lunacy in every State of the Union. They may be regarded as the balancing power between administrative authority of public or private asylums, and the guardian of the laws that protect the insane. Such commissions, invested with legal authority for the benefit of all parties, have everywhere exercised that power of investigation and redress in such a manner that authorities and physicians have been encouraged to the entire fulfilment of their respective functions, and even found the necessary protection in special cases. One of our subjects will be, also, the necessary legal and scientific guarantee, that justice is done in the application of the law where, in consequence of judicial and medical power, free citizens are deprived of their liberty in public or private asylums; too much attention cannot be given to such acts, as regards all the parties engaged, and especially physicians. They are of great importance, and public and authentic records could, at any period, show that they were grounded on justice and science. Finally, we intend to study the laws of this and other States of the Union in their civil and criminal application to lunatics, in order to see how far they secure the good administration of justice, regarding the rights, fortunes, and even lives of those who are of unsound mind or who feign insanity.

We have thus briefly reviewed the range of our future inquiries. We shall have recourse to documents, and would gladly receive personal information and advice from those interested in these studies. If we fail to convince our readers of the necessity of reforming abuses or negligences, if we fail to show the necessity of employing new means of treatment for the insane, it will not be from want of conviction of the great misery, destitution, and neglect, that thousands of insane suffer either in their own families or in public institutions. I do not except the best, because there is nothing perfect; we have often been pained to witness those evils, first, in the very large asylum in which I acted many years as chief physician; then in those over which I had the right of inspection; and at last in other public and private institutions which I have visited in foreign countries; prejudices, worn-out customs, intricacy of regulations and administrative inertia, are everywhere the greatest impediment to reform. Still, true reforms must come, and all who have witnessed the miseries

of the insane, have the duty imposed upon their conscience, never to abandon the cause of these unfortunates, whoever they may be, whatever be their color, and however distant they may be from us.

EXCISION OF THE OS CALCIS AND CUBOID BONES

WITH A SMALL PORTION OF THE ASTRAGALUS.

By J. TAYLOR BRADFORD, M.D.

BRIGADE SURGEON U. S. A., AUGUSTA, KY.

It is a fact, so far as I can learn, that the operation detailed in this paper is the only instance on record, where the *os calcis* and *cuboid bones* have been successfully removed. And whilst a sincere conviction of its possibility and propriety influenced me from the moment of my first examination of the case, a counterpoise was to be found in a want of precedent, or authority, which might shield me from implied censure in the event of a failure. My examination of standard works gave me no light; not a single surgical authority that I consulted had advised the operation.

The following passage from Professor Fergusson may be taken as an epitome of what is held by leading surgeons in reference to this class of operations: "Such operations are, under any circumstances, extremely difficult, and in most instances more dangerous to the patient than amputation at the ankle or in the leg." In reflecting upon the anatomical connexion of the bones involved, it does not seem surprising that the operation has not been advised. With these important connexions, and the place these bones occupy in making up the body of the foot, it may well have been an important question, of what utility the foot could be after their removal?

It seemed strange then, as now, that under the circumstances I should have been nerved to perform such an operation, thus saving a limb, and rendering it permanently useful, while the whole surgical world recommended *amputation*. Few have a higher regard for the legitimate principles of surgery, or are more willing to yield to superiors than myself; yet there may be convictions and a concurrence of circumstances, which now and then justify the end, and the mind yields to that irresistible persuasion, whether inherent, casual, or educational. Such were the circumstances in this case.

Case.—The subject of the present operation was the son of Philip Morris, æt. 15, living five miles from Brookville, Bracken co., Ky. Constitution good, with the exception of a slight scrofulous diathesis. Ten days previous to his attack, he was rendering some help about the farm, by which he was caused to stand for some time with his bare feet in cold spring water, there exerting himself until his body become very much heated. In a few days after, acute pain commenced in the right heel, extending upwards and about the ankle; swelling, redness, and acute inflammation set in. Twelve days after the pain Dr. Corlis opened the swelling an inch below the external *malleolus*. At the end of seven weeks, I saw the boy; the heel and ankle were much swollen with a purplish cast of skin, and no less than three *sinuses* formed on the outer and posterior part of the foot. A probe was readily pushed into the cavity of the *os calcis* and up as far as the *cuboid* bone. The evidence of disease seemed to be conclusive as to the *os calcis*. After a consultation with Dr. Corlis, I communicated my apprehension as to the extent of disease, expressing a reasonable hope and desire to save the limb, even in the event of the cuboid being diseased. Told Mr. Morris with the use of the chloroform there would be but slight, if any suffering, and if the operation did not succeed, his foot could be amputated afterwards. On the one part it gave him a chance for his limb, on the other none. Mr. Morris was manly and prompt in submitting the case to our judgment, and on the 5th of August, 1857, Drs. Corlis, Hobday, and Robinson, assisting, I commenced the opera-

tion after the manner of Dr. Carnochan for the excision of the os calcis.

Operation.—I may describe the first part of the operation in his own language. "An incision was made on the outer margin of the tendo-Achillis, commencing about an inch above the external malleolus, and extending downwards to the lower and outer part of the heel, to a point half an inch above the plantar border of the foot. From the termination of this incision another was made to extend along the outer aspect of the foot to within an inch of the posterior extremity of the fifth metatarsal bone. From the upper part of the first incision another was made directly across the lower part of the leg, terminating a little within the inner margin of the tendo-Achillis, at its upper part, the two flaps thus formed were reflected, the outer from the external aspect of the os calcis, the inner from its internal surface, carefully protecting the posterior tibial artery and nerve as well as the adjoining tendons." The tendo-Achillis was then divided, one fourth of an inch from its insertion, the external lateral ligaments cut asunder, and the joint between the astragalus and os calcis entered from behind. The os calcis was so completely disorganized, as to admit of but little leverage towards its separation from the astragalus and cuboid. The operation was thus far both tedious and difficult, it being with much difficulty that the inter-osseous ligament and the calcaneocuboid connexions were broken up. The greater part of the os calcis was removed in fragments; upon its completion, difficult and tedious as it was, it was found that the cuboid was involved.

The incision upon the outer surface of the foot was extended up a little above the connexion of the fifth metatarsal bone with the cuboid. Portions of the cuboid which were disorganized were removed, fragment by fragment, and finally the remaining third of it in a body. Sponging and a careful examination of the surrounding bones, showed the commencement of the disease in the astragalus upon the outer and under surface where it joined and lay upon the os calcis. This fortunately was but slight, and was clipped off with the bone nippers, and the suspicious part dusted with pulverized caustic.

At this stage of the operation the wound looked frightful. The foot hung, loose, lank, and wreck-like, as though it had passed through a threshing machine. The edges of the wound were brought together, and secured by the interrupted suture, strips of adhesive plaster were passed entirely around the ankle and foot, leaving an opening at the lower portion of the wound. Before closing the wound the extensive raw surface was sparingly sponged with a mixture of turpentine and brown sugar, and at each successive dressing those portions which seemed most inclined to slough, were dressed with an application of turpentine and brown sugar (equal parts in weight).

Some time in the month of December he was able to bear considerable weight on his foot. The succeeding spring and summer, the boy walked two miles to school, and now by the use of a padded shoe on the inside, he works regularly upon the farm; and as he moves from you, it is not easy to observe the slight catch or halt in his gait. The first time I saw the boy after his recovery, he was engaged in ploughing.

AUGUSTA, KY., Jan., 1882.

HEALTH OF PROVIDENCE, R. I.—The population of this city, in 1860, was 50,666; of this number, 4,912 were whites, and 1,537 were colored; 23,894 were males, and 26,772 were females. The deaths in 1861 were, to total population, 1 in 48.2; to white, 1 in 49.7; to colored, 1 in 24.4; to male, 1 in 47.1; to female, 1 in 49.2. There was no death by small-pox.

A NEW edition of Prof. Gross's System of Surgery is announced—enlarged and improved. It augurs well for the progress of American Surgery, that the first edition of this Cyclopædia has been so soon exhausted.

Reports of Hospitals.

NEW YORK HOSPITAL.

THREE CASES OF FRACTURE OF THE SCAPULA.

[Reported by JAMES L. LITTLE, M.D., Resident Surgeon.]

FRACTURES of the body of the scapula are of very rare occurrence, a circumstance explained by its deep and covered position and its great mobility. Hamilton states, that among 2358 fractures reported from Hotel Dieu, during a period of twelve years, only four examples of fracture of the scapula are recorded; and out of 1901 fractures occurring at Middlesex Hospital only eight were fractures of the body of the scapula. Hamilton himself has seen but two examples, and in view of its extreme rarity it is interesting to report the three following cases, all of which were under treatment in this Hospital at the same time. This accident is always produced by direct violence, operating with great force, as the history of the following cases will illustrate:—

CASE 1.—William Hood, æt. 38, Scotland, laborer. Admitted November 20, 1861. (Dr. Jno. Watson, attending surgeon.) Patient fell down the hold on board the steamer Star of the West, a distance of 16 feet, striking upon the back of the shoulder of the left side. On examination, there is found a fracture across the body of the scapula. Patient cannot raise his hand to his head. Crepitus distinct.

CASE 2.—Michael Lyons, æt. 25, Ireland, laborer. Admitted December 4, 1861. (Dr. Geo. A. Peters.) Patient states that he was run-over by a cart loaded with coal, the wheel passing over the posterior surface of his shoulder; the probability is, that the wheel struck his shoulder while lying on his face. On examination there is considerable swelling over right scapula, with tenderness on pressure. No crepitus. Patient is unable to raise his hand to his head. Seven days after the injury, the swelling having subsided, patient was again examined. By placing one hand over the scapula, and with the other moving the patient's arm backwards and forwards, distinct crepitus could be felt, and further examination revealed a fracture of the scapula, the fracture running diagonally across the body of the bone.

CASE 3.—Tim. Flanagan, æt. 32, Ireland, painter. Admitted Dec. 9, 1861 (Dr. Peters), having a short time previous been jammed between the paddle-wheel and the boat. On examination, patient is unable to raise his hand to his head, and is also unable to lift his elbow from his body more than eight inches. There is also an abrasion situated a little below the spine of the scapula of left side. On resting the hand over the bone and moving patient's arm, crepitus could be felt under the hand. After swelling had subsided, the scapula could be seized at its lower angle and the fragments could be moved upon each other. The direction of the fracture was from below, upwards and inwards, across the body of the scapula.

In all these cases the treatment was, simply to place the arm of the injured side in a sling. No appreciable deformity resulted in either case.

BENJAMIN LEE, M.D., has assumed the editorial management of the *American Medical Monthly* during the absence of Dr. Douglas at the seat of war. Drs. Thomas, Bumstead, Jacobi, Elsberg, and Parigot, are collaborators.

DAVID WOOSTER, M.D., editor of the *Pacific Medical Journal*, Sacramento, Cal., has entered the army, and James Blake, M.D., of Sacramento, has become the editor of that journal.

ALBANY (N. Y.) MEDICAL COLLEGE held its annual commencement Dec. 28th. The valedictory address was given by Dr. James McNaughton. The number of graduates was eighteen.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, November 20, 1891.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. FORDYCE BARKER'S PAPER ON THE USE OF ANÆSTHETICS IN MIDWIFERY.*

DR. PEASLEE considered the use of anæsthetics in obstetrics as a question of the utmost practical importance, and thought that, so far as the use of chloroform is concerned, Dr. Barker's paper had exhausted the subject. Dr. P. was not, however, prepared unqualifiedly to endorse all the propositions appended to the paper. The second clause of the first proposition, viz. that chloroform is the preferable anæsthetic in obstetrics, must, he thought, be further considered. For, first, it did not follow logically from any data presented in the paper, inasmuch as the writer had not before compared chloroform, in respect to its safety, with any other anæsthetic agent in obstetric practice; and secondly, Dr. P. believed that when the comparative effects of sulphuric ether and chloroform are statistically determined, it will be found that the former is quite as safe as the latter. There may be other reasons why chloroform is preferable to ether on the whole, but no facts have yet come to light, so far as Dr. P. was aware, which rationally suggest the conclusion that chloroform is a *safer* agent than sulphuric ether, under any circumstances. Dr. Barker had, however, well stated that the effects of chloroform are quite different, so far as its dangers are concerned, when used in obstetric practice, from those produced in surgical operations; and had assigned the reasons. We are then to-night to confine the discussion to the effects of anæsthetics in obstetrics; and after this subject is disposed of, Dr. P. hoped the subject of anæsthetics in surgical practice would be discussed by the Academy as an entirely distinct one.

Dr. Barker had objected to the statement of the Committee of the Boston Society for Med. Improvement, that all anæsthetics are *depressing* agents, and had adduced a case to show that sometimes, at least, chloroform is not so. It had occurred to Dr. P. on reading that very able report that the expression "*sedative* agents" would have been a more accurate one. An anæsthetic effect is a sedative effect, but not necessarily a depressing one.

In regard to the increased danger of rupture of the perineum from the use of chloroform or of ether, Dr. P. would record his disbelief of any such increase. In the first place, he had never seen any statistics in proof of it; and secondly, the theory on which it was inferred *a priori* that such would be the case, is itself untenable merely as a theory. It is alleged, to account for the supposed greater frequency of perineal rupture in anæsthesia, that the female, being insensible, and not expressing pain by her cries, and therefore not opening the glottis during the powerful contraction of the abdominal muscles in the expulsive stage, to diminish their power, but on the contrary, thus allowing their full force to be expended upon the resisting perineum, causes the latter to give way before it is sufficiently distended to allow the foetal head to pass. Rupture of the perineum, therefore, occurs because distension, and the expulsive force of the abdominal muscles, are not properly correlated; the latter being relatively in a *plus* degree. It follows then that if the distension be also increased in an equal ratio with the expulsive force, no rupture occurs. Now, it is well established, Dr. P. supposed, that both chloroform and ether do relax the perineum decidedly and promptly; and hence they do not, he believed, increase the rupture of that part during parturition, and the theory itself, if rightly applied, proved just the reverse of what it was generally assumed to prove.

In regard to the greater danger of post-partum hæmorrhage after the use of anæsthetics, Dr. P. remarked that two points were to be borne in mind. (1.) The coagulability of the blood is diminished by the use of ether, as Dr. P. thought had been pretty well established experimentally; and so far, the tendency to hæmorrhage would be increased, and he believed it actually is so, both by chloroform and by ether. But this is a fact of far less importance in obstetrics than in surgery, since (2) the contraction of the uterus after parturition is the natural means of preventing hæmorrhage; and if this occurs, the object is certainly accomplished in spite of the diminished coagulability of the blood. That this contraction does occur as certainly after the administration of anæsthetics, Dr. P.'s own observation would certainly lead him to affirm.

Finally, Dr. P. stated that in obstetric practice he had restricted the use of chloroform almost exclusively to cases of eclampsia and rigidity of the os uteri, and of the perineum. In all other cases requiring an anæsthetic he had, as a general rule, used the vapor of pure sulphuric ether. His reasons it would not be proper for him in this connexion to state at length.

Dr. C. R. GILMAN, being invited to make some remarks, was very glad to express the high esteem that he placed upon the paper which had been read, and continued:—The gentlemen who have spoken have generally mingled their commendation with some expressions of doubt and hesitation as to going the whole length with Dr. Barker. It is now, sir, that I take the opportunity of saying that the experience that I have had with chloroform, and I have used it almost exclusively in obstetric cases—has compelled me to say, as the phrase has it, "ditto to my friend." In every one of the propositions that he makes I have no hesitation at all in saying that my experience has taught me to prefer chloroform to ether. I have no doubt, no hesitation in the world in saying, that as often as I have given this agent both in natural labor, in difficult labor, or in the various complications of the process, I have never seen any evil effects follow its use. *Never once!* As to the want of contraction after labor, which has been very much insisted upon, I can only say that I have never seen such a case. Nervous perturbations may exist, but I have never seen them. In short, I have arrived at this conclusion,—I, as at present advised, will not apply forceps without using chloroform!—point blank, will not! If I am overborne in the consultation and cannot help myself, then I say I cannot operate. When I have such an agent as chloroform, which, as I believe, not only relieves suffering but increases by far the chances of the patient's recovery—when, I say, I have such an agent at hand, my conscience will not let me go on without it and operate, when I know that I could do so much better with it. I know, if I know anything, that the chances of recovery from its use are very much augmented. It is not proper that I should detail the reasons or allude to any particular cases in support of such an opinion; every gentleman present, who has used chloroform in the really severe operations, must be satisfied that the woman's chance is increased. Let me just for one moment allude to one particular case, bearing upon this point:—I was called to see a patient who had been in labor twenty-four hours; it was an arm presentation, and the limb had protruded from the vulva fourteen hours. In consequence of misconception of the case by the physician, efforts had been made to push this arm back and bring down the head. As the result of all this, an ordinary careful vaginal examination made the woman actually scream with pain. Under these circumstances, the arm extending from the vulva, and the shoulder packed down in the pelvis like the wad of a gun, I had to contemplate the introduction of my hand into the cavity of the uterus. I was kindly aided in this case by my friend, Dr. Metcalfe, who administered the chloroform. The woman went to sleep, and when the delivery was completed—and the operation was a great deal the most difficult one I ever had—the patient's pulse was slower and calmer than when the operation was begun. The operation occupied one

* Dr. Barker's paper will be found page 850, Vol. III.

hour. What would have been the condition of that patient without the anæsthetic? Scream! scream! shriek! shriek! and then the nervous power all gone. Where would the pulse have been? You could not have felt it!

In conclusion, he referred to one point of practice which Dr. Barker did not allude to in his paper, and that had reference to the administration of anæsthetics after loss of blood. To illustrate this point, he cited the case of a lady suffering from puerperal convulsions, to whom chloroform was administered immediately after bleeding. The woman, continued he, made a little resistance at first to the smell of the chloroform, then took four or five deep inspirations and stopped breathing! Then, after a torturingly long while she took a long breath, and, as the gentleman may imagine, I took another. Now how did it affect this woman?—like a lightning flash. I suppose that the blood-vessels, having been previously pretty well empty, were ready to absorb anything that came in their way. The fact brought out by this case served in future to make me extra-careful with so powerful an agent when much blood had been taken from the system.

DR. BARKER.—The case to which Dr. Gilman refers, I recollect very distinctly. He related it to me shortly after its occurrence. Now it will be remembered in my paper, that I am opposed to the use of chloroform in cases of placenta prævia; and it is the recollection of this case that has always prevented me from administering it, because those cases which I have seen have been so much reduced by excessive loss of blood, that I feared to overwhelm the vital powers; and, moreover, the chloroform was almost rendered unnecessary, as far as any capability for harm was concerned, as the patients were already, on account of this very loss of blood, in a partially anæsthetic condition.

Progress of Medical Science.

PREPARED BY E. H. JAMES, M.D.

EXFOLIATION OF MUCOUS MEMBRANES FROM THE WOMB AND VAGINA DURING MENSTRUAL PERIODS.

DR. E. J. TILT reports cases of this description in the last number of the *Archives of Medicine*, with some remarks respecting the conditions in which these products originate, and our limited means of modifying these conditions. He is convinced that such cases are more frequent than is supposed, which may often explain the almost indefinite prolongation of disease. A lady aged 25, healthy before marriage, which was at 23, consulted Dr. Tilt in September, 1880. Since her marriage, menstruation became painful, and almost always accompanied by the passing of some flesh-like substance from the vagina. She was also annoyed by the frequent discharge of a gluey matter, which did not yield to tonics and vaginal injections. The neck of the womb was found congested and painful, both lips of the os deeply excoriated and red. It was considered an instance of uterine inflammation produced by marriage; and improved under the influence of an occasional application of the nitrate of silver. The menstrual flow being limited to the discharge of a small quantity of red mucus, she was ordered to bathe her feet in warm water, to inject warm water into the vagina, and apply hot poultices to the abdomen, which not only increased the flow, but there was discharged, with severe pain, an unbroken sac, containing liquid blood. The abraded surface was afterwards coated with the solid nitrate of silver, and alum and zinc injections ordered, with external use of mercurial ointment, and ext. belladonnæ and the iodide of potassium, to be taken in a compound infusion of gentian. The uterine cast, after three days maceration in spirit, was in two fragments, and described as follows:—"When adjusted, they remind one pretty well of the cavity of the wound regularly distended. Each fragment is about two inches and a half in length, an inch and a half wide, and about a line in thickness. One side of these membranes has the rough and floccular appear-

ance of the decidua membrane as it is detached from the womb, and the other side is soft, smooth, and punctuated like the inner surface of the same membrane by the openings of the uterine glands." He regards this case as an instance of sexual influence operating on the womb, either directly or mediately, by the ovaria, causing the periodical exfoliation of the uterine mucous membrane, independent of inflammatory action; the inflammation of the neck being a secondary element of the case, and caused by its forcible distension necessary for the passage of so large a body as is described above. Inflammation of the mucous follicles lining the cervix, explains the abundant ropy discharge; and its alkaline nature accounts for the excoriation of the os. The monthly repetition of expelling a voluminous body through the neck of the womb, counteracted the curative effects of the treatment adopted. The writer says he has never met with a case of deciduous dysmenorrhœa which was not accompanied by inflammation of the neck, which he believes to be the sequel, and cannot induce that condition which causes the mucous membrane of the womb to exfoliate. It is only when distinct symptoms of internal metritis are met with between the menstrual periods, that it can be fairly considered a cause of the exfoliation. The prognosis he considers bad. He has derived benefit from leeching the womb before menstruation, and the treatment adopted in this case. The tendency to exfoliation is sometimes worn out, but often the patients become disheartened at obtaining no relief, and seek other advice; he therefore does not feel able to attribute the radical cure to any one remedy. The coincidence of uterine inflammation, whether cause or effect, shows the utility of leeches to the neck of the womb, of cooling or astringent injections, and of mercurial and belladonna ointment applied to the abdomen. The condition of the os uteri indicates the local application of the nitrate of silver. By dilating the neck of the womb, we accustom it to allow the passage of a foreign body without too much pain, and thereby afford great relief.

POISONING BY BELLADONNA.

A case of poisoning by belladonna is related in the *Cincinnati Lancet and Observer*, for October, by Dr. Willey, of St. Paul, Minnesota. The patient, his own child, ate thirty-five grains of the extract, mistaking it for that of liquorice. The peculiar symptoms of poisoning by this drug were soon manifest, and treatment at once commenced by emptying the stomach by means of sulphate of zinc and ipecacuanha, of some half digested fruit, but no evidence of the poison, either by smell or color. The symptoms increased in violence, and two ounces of olive oil were forced down his throat, and an enema of twelve drops of laudanum in a teaspoonful of water administered, with mustard to the feet and limbs, and cold affusions to the head and face. At length the violent symptoms began to subside, and periods of stupor to supervene, when the bowels not having moved, twenty grains of calomel were given with a view both to its cathartic and eliminating effect, and the stupor combated with vinegar, and strong coffee forced into the stomach, and administered per rectum. Complete coma ensuing, the galvanic battery was put in operation, and the strongest shocks applied over the regions of the thorax, neck, and spine, for four hours, without intermission, when the beneficial results became slightly apparent. The shocks were continued with varying intermissions—according to the stupor—for about fourteen hours. Coffee and beef tea were now administered, and the patient soon had two or three bilious and very offensive dejections. About twenty-two hours after the accident, the pupils began slightly to contract, and in thirty-six hours after the poisoning, the left pupil was smaller than the right, and he saw objects double. This gradually passed off, and entire recovery followed. The efflorescence was observed over the entire body, until the coma and collapse came on, when it was seen only on the abdomen.

DEODORIZING COD LIVER OIL.

The *Louisville Medical News* says—"Cod liver or castor

oil, shaken up with an equal volume of water distilled from off the leaves of the wild cherry tree, in a manner similar to that directed in the *Edinburgh* or *Dublin Pharmacopœia*, for cherry laurel water, and left to rest forty-eight hours before separation, acquires, by this simple operation, an extremely sweet perfume, and agreeable taste of almonds; the taste remains as long as the digestion lasts. Oil flavored in this way, could be taken by many persons who reject it in its natural state. Castor oil is not affected in its purgative action by this process."

American Medical Times.

SATURDAY, JANUARY 18, 1862.

HOMŒOPATHY IN MILITARY HOSPITALS.

THE U. S. SENATE is engaged in these momentous times in the consideration of a subject, in itself, perhaps, the most frivolous which ever enlisted the thoughts of a rational creature, but which may prove the most important act of the session. SENATOR GRIMES, of Iowa, has introduced a bill placing some of the military hospitals, at Washington, under the charge of homœopathists. We do not know why this class of medical practitioners are honored with such distinction, and we think other systems have a just cause of complaint in being overlooked by a Government which they equally support, and which all are anxious to serve. If Government is about to institute experiments in its military hospitals, with a view to test medical theories, it does not appear why it should pass by Botany, Hydropaths, Eclectics, Mesmerists, Kneisopaths, etc. Viewing the homœopathic system of practice from a rational, scientific standpoint, it must be regarded as the least worthy attention of any now popular in this country. Indeed, we know of no system so indefensible as that which is engaging the attention of our honorable Senators. With no desire, however, to prejudge a question of so much importance, but earnestly seeking the welfare of our sick soldiers, we deem it our duty to contribute to our legislators such information as may be in our possession, in the hope of aiding them in the formation of correct opinions as to the merits of the medical régime which they are urged to establish in our military hospitals.

This is not the first time that a government has been petitioned to recognise homœopathy, and grant it special privileges. Many European states have not only been thus petitioned, but have granted the prayers of the petitioners, and thoroughly tested its merits. The results of these trials will appear in the course of this article. Similar efforts to have public hospitals placed under their medical charge have also been made in this country by the partisans of Hahnemanism. On the occasion which we shall now notice, the whole subject was so thoroughly sifted, and the false pretensions of this system so completely exposed, that a quietus was put upon their aspirations.

In the year 1857, a resolution was introduced into the Board of Governors of the Almshouse Department, New York, providing "that one-half of Bellevue Hospital should be set apart for the practice of homœopathy." A select committee was appointed to report upon the subject, of

which the HON. WASHINGTON SMITH, one of the most intelligent civilians of the city, was chairman. The able Report, which this gentleman produced, bears evidence, on every page, of an unprejudiced review of the merits of the system, when thoroughly tested in hospital practice. We earnestly commend to the serious consideration of our HONORABLE SENATORS the following extracts from this report.

Alluding to the alleged claims of homœopathy on the ground of its popularity, the committee advance the following eminently just opinions:—

"That this system is wide-spread, and that it has adherents among the intelligent portions of the community, is an argument that applies with equal force to every system of medical empiricism. The opinion of a man of simply general intelligence, has properly no weight in regard to any new theory and its application to practice in any department of the arts or sciences. We should naturally look for a reliable opinion of the merits of such theory to the scientific cultivators of the art in which its application is proposed. Thus tested, the homœopathic system must utterly fail to receive our sanction. We appeal in vain to its adherents to point to a single medical man among its advocates in this city, whose scientific attainments in his own profession would entitle his opinion to our confidence. In no department of science is there more activity in the investigation of the principles upon which it is based, more acuteness in observation, or better logic in the deduction of practical precepts from such principles and observations, than in medicine. And yet the records of science show that all those who truly advance the several departments of medicine, all, without exception, both in this and foreign countries, belong to the ranks of the so-called regular system."

But the Board was urged to grant the request because so many petitions were presented to them from respectable citizens. To this suggestion the Report replies:—

"But whence do these petitions emanate? Do they come to us from the inmates of the hospital who are to be the subjects of the experiment? Do the sick who crowd the wards complain of the incompetency of the medical officers, and of the inefficiency of their treatment, and petition us to change their medical attendants, and introduce a new system of practice? Do these petitions even emanate from the honest laboring classes of our city, whom the vicissitudes of life and the misfortunes of poverty may at any moment remove to the wards of Bellevue for relief to their bodily ills? These are questions which this Board would do well to ponder before it acts."

The body of the Report consists of a careful collation of evidence bearing on the propriety of introducing this system of practice into public hospitals.

"But we are not left to simple conjecture as to the actual success of homœopathy as a system of medical practice. It is our duty, however, to inquire simply as to its success in hospitals; and on this head statistics are sufficiently numerous to prove its entire inefficiency and utter failure wherever it has been tried. The following statistics have been collected with care from authentic sources:—

"In 1829, by order of the King of Naples, a commission was appointed to test homœopathic remedies, under the following restrictions:—1. The Commission shall consist of two professors of the University of the Faculty of Medicine, two members of the Medico-Chirurgical Academy, two members of public instruction, and the heads of the hospital. 2. The Commission, after having proved the attenuation of the homœopathic remedies, shall place the said remedies in a strong box, firmly closed, with two different locks, the keys of which shall be returned, one to the Director of the Clinique, and the other to the commissioners charged with following the treatment. 3. The clinical ward

shall have but a single door, guarded by a sentinel; its internal arrangements shall be adapted to health; it shall not contain more than fifteen to twenty beds, and two assistant physicians, one chosen by the attending physician, the other by the commissioners, who shall keep an exact register of all that happens to the patients, the changes in their diseases, their regimen, cures, and deaths, if any die. 4. The admission of patients affected with acute or chronic diseases, shall be left to the choice of the attending physician and commissioners, with this condition, that the attending physician shall not be obliged to take patients known to be incurable; nor shall diseases equivocal be considered proper for positive experiments. 5. The commissioners having selected the class of diseases, the attending physician shall make known the symptoms, administer the remedies, and prescribe the regimen. 6. Each day the condition of each patient shall be determined by the attending physician and commission. The result of this trial of forty days of homœopathic treatment under the observation of the commission named by the King of Naples, was the conclusion that not only is this treatment of no effect, but that in certain diseases it has the inconvenience of preventing the employment of remedies capable of effecting a cure. The physician in attendance was M. de Horatius, author of a homœopathic work, and who had boasted of the most marvellous cures.

"Clot-Bey, Physician in Chief to the armies of the Viceroy of Egypt, states (*Annal. de la Med. Physiolog.*, Sept. 1834, *Ency.* Decr. 1834) that a German homœopathic physician petitioned the Council of Health to try this system in the Hospital of Cairo, alleging its cheapness, etc. He was allowed to select, and chose patients suffering from ophthalmia and dysentery. The Counsel were convinced from this experiment that the homœopathic system was not entitled to their confidence. The following is the conclusion of the Report of the Council of Health: That the cures obtained were due simply to the hygienic and dietetic treatment adopted, and not at all to the infinitesimal doses. So unsuccessful did this trial prove, that the homœopathic practitioner was obliged to abandon the country.

"In April, 1832, a ward with thirty beds in the Hotel Dieu de Lyon was placed in charge of M. Guerard, the most distinguished homœopathic physician of that city, with liberty to select his patients. He selected fifteen, suffering from febrile affections, pneumonias, erysipelas, catarrhs, etc. He visited them daily, and in presence of sixty students and several physicians, examined, prescribed homœopathic remedies, and directed the regimen. The experiment continued seventeen days, when the physician voluntarily retired. During this time there was no improvement in patients, nor advantage gained which could be ascribed to the homœopathic treatment. The physician attributed his failure to the action of deleterious miasma always existing in hospitals, and from which he could not protect his patients. He acknowledged that the remedies which produced such powerful effects in private practice, utterly failed in hospitals, owing to the emanations from the bodies of persons collected together, which neutralized the infinitesimal doses.—*Gaz. Med. de Paris, Ency. Nov. 1833.*

"In 1834, M. Andral employed homœopathic remedies in one hundred and forty cases, in the Hôpital de la Pitié of Paris. The arrangements of the ward, the regimen of the patients, and all the details of treatment, were carefully managed according to the directions of Hahnemann. The remedies were all obtained from the most eminent homœopathic apothecary in Paris, and administered with the most religious exactness. The result of this trial proved the entire inefficiency of the remedies employed. It was found necessary in most of the cases to resort finally to the regular treatment.—*Bull. Gén. de Thérapeut. 1834.*

"In 1835, the Homœopathic Society of Paris petitioned the authorities to establish a Homœopathic Hospital and Dispensary. The minister referred the matter to the Academy of Medicine, which appointed a Commission to

draw up a report. This Commission reported in substance as follows: That they had submitted the system of homœopathy to the most rigid tests in practice, without obtaining any other than negative results, so far as the action of remedies was concerned; while observation proved that grave dangers were liable to follow its adoption in severe diseases, from the neglect of proper and reliable remedies. If the authorities yielded to this request, the advocates of Mesmerism, animal magnetism, etc., were equally entitled to have hospitals opened for the trial of their peculiar systems, and thus every form of quackery would demand attention. They therefore advised that the petition be not granted. The Minister of Public Instruction, acting upon the advice of this Report, refused the petition.

"In 1829, the Czar of Russia ordered that the system of homœopathy should be tried in several military hospitals. For several years the practice was continued, and reports of marvellous success were annually published, but it has entirely failed of obtaining the confidence of Government, and by a recent edict it is forbidden to practise homœopathy in the Russian territories.

"Homœopathy and allopathy were tried (*Ency. Jan. 1836*) in the Hospital of Fultschin for two months, with the following result:

	Entered.	Cured.	Died.	Remaining.
In Allopathic Hospital,	457	364	—	93
" Homœopathic "	128	65	5	58

"Piorry states that he has tried numerous experiments with homœopathic remedies in Hotel-Dieu, all of which failed.—*Ency. Apr. 1835, Soc. Sav. p. 88.*

"Bally used homœopathic remedies four months in l'Hotel-Dieu, with the following result, 'pas un malade n'a guéri par l'homœopathie.'"

"Dr. Guillot, of the Salpêtrière, gave six beds to the homœopathists, in 1849, for the treatment of cholera. Of seven cases treated, all died.—*Lancet, 1849, v. 4, p. 542.*

"The percentage of mortality in the Homœopathic Hospital of St. Petersburg, 1833-4, was sixteen and two-thirds per cent.—*Ency. March, 1835. Rev. Med. p. 41.*

"Although homœopathy has existed nearly half a century, and boasts of having overspread the civilized world, and received the special patronage of the wealthy of every community as well as government sanction, it claims for itself to-day but seven hospitals in which it is practised on the entire continent of Europe; and within the last year or two several of these have been closed. The great Homœopathic Hospital of Vienna, which has published annually the most wonderful results of treatment, and as far as its reports gave evidence, was entirely successful, has recently ceased to exist.

"The Homœopathic Hospital at Leipsick, the home of the founder of this system, ceased with the death of Hahnemann. The London Homœopathic Hospital has recently closed its doors.

"But we need not multiply facts of this kind: enough has been given to prove to the entire satisfaction of your Committee, that this system has been thoroughly tested in hospitals, and found entirely inefficient. It is quite true that hospitals established by its partisans have published reports of the most flattering success of treatment, but they must be rejected in this discussion, because partisan. If such reports are reliable, why the failure of these very hospitals? Why is the homœopathic system expelled, not only from the hospitals of Russia, in which it has had years to establish itself, but even from the Czar's dominions? These are questions of grave import, and may well give rise to the inquiry in this community, Why are the sick poor of our city selected to be made the subjects of an experiment with this system of medical practice which has so repeatedly failed when put to the test of rigid investigation? If the curiosity of the few must be gratified why not choose the criminal for the experiment."

With such facts before them the Committee came to the following conclusion:

"The just pride of every civilized and christian community is its public charities. They are not only the criterion by which we may estimate its christian philanthropy, but also its progress in the arts of civilized life. Well may the citizens of London, of Paris, and other continental cities boast of their hospitals, the growth of centuries, and the merited recipients of public and private endowments. To them flock the students of every country, and from them emanate men learned in the laws of health and disease, and skilled in all the subtle arts of healing. They are demonstrating with mathematical exactness the fact, that wisely and judiciously managed, the average of human life may be materially lengthened. So important, indeed, have they become to the well-being of the people, that they are incorporated with state and city governments. Well may we, under whose fostering care the public charities of our city are placed, inquire what is the character of the medical officers under which these hospitals have attained such celebrity! The answer, without exception, is, that they are of the same school of education and practice as that under the management of which Bellevue Hospital has for the last ten years so signally prospered. They have been men of professional learning, eminent as citizens, and often as statesmen, but always of one school—the so-called regular practice."

No unprejudiced mind can review such facts, without concluding that public authorities who deliberately consign the helpless and confiding sick to the charge of medical men practising a system so inefficient, incur a fearful responsibility. And that responsibility assumes a tenfold importance when the sick, who are to be subjected to this experiment, are the citizen soldiers who have sacrificed the comforts of home in defence of their country. Around them Government should throw its protecting care, and tenderly guard their sick beds from the ruthless hand of medical charlatanism.

THE WEEK.

NEW YORK is not only a great commercial centre for inland trade, but it supplies to the cities and villages of the continent, many of the contagious and infectious diseases with which they are afflicted. From its inexhaustible supply of small-pox, the nation is annually inoculated. At Washington, this loathsome pestilence is rife; it prevails extensively, also, in Brooklyn. The following paragraph, from the Providence (R. I.) *Evening Press*, of Jan. 11, indicates the source of this infection:—

"Nine-tenths of the small-pox in this city comes from New York. There are now cases of *varioid* on Friendship street, Transit street, and on Smith's Hill, all appearing within a few days, and all coming from New York. One of these cases, before the disease was recognised, spent some days in Pawtucket, and many persons have been exposed there and here. Those who are not protected by vaccination cannot attend to it too soon."

Providence has a most efficient sanitary police under the supervision of Dr. EDWIN M. SNOW, an able sanitarian and accomplished physician. So thorough is his surveillance of the public health, that small-pox is only known as an imported disease.

One of two things is absolutely required; either that New York should abandon its pretensions to be the mart of the country, or that it should relieve itself of those preventable diseases, which are so readily disseminated by every visitor and in every box of merchandise. The interdependence of the health of cities is well illustrated by this fact. It matters little what is the state of the public health

in Brooklyn, or even Providence, while New York is the great hot-bed of preventable diseases. Inter-communication will inevitably diffuse the seeds of these scourges of the poor, and they will certainly take root. This is a matter in which the public at large are interested. New York will not voluntarily reform its health department. There should come up a voice from the country, so powerful as to compel the necessary improvements.

WE notice in the *Medical Monthly* the announcement of a new work on *New Remedies*, by Drs. S. R. PERCY and L. ELSBERG, of this city. It is designed to embrace "all valuable medicinal agents introduced into the treatment of disease since the year 1830, detailing their history, description, action, and uses, and giving the most approved formulae of preparation, preservation, and administration." The authors are collecting their materials for the work, with the design of issuing it when our national difficulties are settled.

THE friends of sanitary reform in this city attribute the defeat of the Health Bill in the New York Legislature, three times in succession, to bribery of the basest kind. At the last session the Bill had acquired such a moral power, and was in such imminent danger of becoming a law, that the opponents of the measure had to give money on the most liberal scale. A morning paper stated during that period: "We understand that \$10,000, in cold cash, went up from our city to Albany on Friday night, to defeat the Metropolitan Health Bill. This was an *extra* sum, and is understood to be on account of Street Sweeping." Many excellent, conscientious persons deny the corruptibility of our Legislators, and rejecting all surmises, ask positive evidence. At length they are gratified. One of our City Fathers, who knows that whereof he speaks, if he does not always speak that whereof he knows, has publicly declared that he defeated the New York Health Bill last year by buying up the Legislature. At a meeting of the Board of Aldermen, on Monday evening, the following interesting colloquy occurred:—

"The annual report of the City Inspector was received.

"Alderman Boole moved that 5000 copies be printed.

"Alderman Brady thought that 1000 copies were enough.

There was no use printing a large number to kill the Health Bill in the Legislature. They had killed it three years by hard dollars, and that was where they beat the doctors. *He knew the Legislature could be bought. That was what they got the bills up for. He had been up to Albany last year and bought up the Legislature.*

"A Voice:—'How much did it cost?'

"Mr. Brady:—'Well, sir, I took up \$6000, and slept on it between two beds at the Delavan House. I had to come down to get \$2000 more. But they may pass whatever bills they like; we won't interfere with them.'"

Is it not time that the citizens of New York take notice of the manner in which great public measures are defeated at Albany! Will they rest quietly under the odium of this charge, and allow the agents of bribery and corruption to boast their infamy in the public courts of the city?

THE Fifty-fifth Annual Meeting of the Medical Society of the State of New York will be held in Albany on Tuesday, the 4th of February. In another column will be found a communication from the Secretary, Dr. SYLVESTER D. WILLARD, to which we invite especial attention, not only for its

just and pertinent allusions to the obligations of the profession of the State to this Society, but also for its explanation of the rules governing the election of delegates.

THE reader will find below a highly interesting letter on the sanitary condition of the army of the Potomac, by a most competent medical observer. It will gratify the profession to learn from such a source the high qualifications of the army surgeons of the volunteer forces, and the care that is taken of the physical wants of the soldiers. We but repeat, we believe, the wish of every reader that the talented author would communicate his views on the diseases now prevalent in the camps.

At the last meeting of the New York Pathological Society the following officers were chosen for the coming year:—Dr. T. C. Fennell, President; Drs. A. Voss and D. S. Conant, Vice-Presidents; Dr. Geo. F. Shrady, Secretary; and Dr. William B. Bibbins, Treasurer.

Useful Inventions.

KIDDER'S ELECTRO-MAGNETIC MACHINE.

THE employment of electro-magnetism in medicine is beginning to assume a proper importance. Since the investigations of Matteucci, Du Bois-Reymond and others have thrown a flood of light upon obscure nervous affections, and have led to a proper appreciation of treatment. That electro-magnetism is hereafter to form no inconsiderable part of this treatment cannot be denied, and we must welcome any invention which tends to place this agency within the reach of the practitioner. The electro-magnetic machine of Mr. Kidder is one of the most useful inventions of the kind with which we are acquainted. It has six currents differing in their magnetic, electrolytic, and sensational effects. It is very portable, and very easily kept in good condition. We have witnessed its frequent employment in various medical cases, and the results have convinced us that in the hands of the judicious, scientific physician, a large class of diseases are more amenable to such treatment than to any therapeutical means.

Correspondence.

SANITARY CONDITION OF THE ARMY OF THE POTOMAC.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Having just returned from an extended visit to our camps in Maryland and Virginia, I cannot refrain from expressing the great gratification I have experienced from what I have seen and heard, regarding the medical skill, care, and attention bestowed upon our troops, by the various regimental, hospital, and brigade surgeons, now in the employ of our Government. It is true that a great proportion of the surgical corps of the volunteer regiments are young men, but they appear remarkably well posted in all matters relating to sanitary, medical, and surgical sciences, and they very generally seem actuated, not only by an honorable desire of professional distinction and reputation, but also by the higher motives of patriotism and humanity. Knowing something from personal observation, of the kind and degree of medical and surgical skill bestowed upon the sick and wounded of the armies of foreign lands, I have no hesitation in expressing my belief, that in these respects our army surgeons will compare most favorably with those of any European army. In matters relating to

hygiene and sanitary police, they are undoubtedly in advance of those of any other nation. Never have the sick and wounded of any army, of which we have any record, enjoyed so many luxuries, such careful and skilful nursing, and such judicious medical and surgical treatment as our soldiers in Maryland, and over the Potomac, and doubtless, also, in other sections. Of course, there are individual exceptions to these remarks:—A few of our army surgeons are occasionally, if not habitually, intemperate; but such cases are comparatively rare, and in spite of every care and precaution, will sometimes occur. In the Blenker division I found the average number of sick to each of the fifteen regiments, of which it is composed, fourteen in hospital, and six in quarters. In Sumner's and Heintzelman's divisions, in the neighborhood of Alexandria, the amount of sickness is believed to be somewhat greater, owing to the greater prevalence of malaria in that locality. There is often a great difference in the healthiness of camps situated near each other, and apparently subjected to the same climatic and malarious influences. While this is, unquestionably, partly owing to the greater attention paid to sanitary police regulations in some encampments than in others, this difference may often be traced to the greater moral influence exerted by some of the regimental officers, and the better discipline observed, rather than any special efforts exerted in this direction by the surgeons of the regiment. So far as I observed, the greatest amount of sickness is found in some of the N. Y. volunteer regiments, as the 54th and 58th, which I am inclined to attribute chiefly to the imperfect or non-inspection of the men, at the time of their enlistment. To the same cause may be attributed the frequent applications for discharge, on account of ill health, and the numerous discharges for the same cause, and for inefficiency, now going on extensively in some of the regiments, amounting, in some cases, to full twenty-five per cent. A very large number of the troops recruited in our large cities were men of intemperate habits and broken constitutions—many of them laboring under latent disease, or thoroughly pre-disposed thereto—unable to bear the fatigue and exposure of camp life, and quickly succumbing to fevers, dysenteries, and the other diseases of armies. Many of these are now being discharged, and sent home. I have everywhere found the health of the soldiers belonging to the regular U. S. Army far better than in the volunteer regiments. In the 5th regular, cavalry regiment, for example, Col. Oakes, stationed near Georgetown, there has been no death during the last six months, except from wounds received in battle, or from other casualties. A similar exemption may occasionally be met with among the volunteers, as in Col. Duryea's regiment, on Federal Hill, Baltimore; but such instances are extremely rare. I am inclined to believe, from my observations made among the soldiers on both sides of the Potomac, that there is proportionally a greater amount of sickness among them on the north than on the south side of the river. The measles and mumps are quite prevalent among the New England regiments here located, which, though rarely fatal, are often followed by sequelæ which incapacitate the soldier for a long time for duty. These affections are often followed by, or complicated with, erysipelas, pneumonia, ophthalmia, and general debility, which require, and generally receive skilful and judicious management. I have no positive evidence that the mortality among the New England soldiers is greater than among those from New York and Pennsylvania, but such an impression very generally prevails. In General Sumner's division, at Alexandria, I was informed by Brigadier Surgeon Dougherty, that the mortality for several months past would not exceed the annual ratio of $1\frac{1}{2}$ per cent. of the entire force. This would be a very extraordinarily healthy rate in ordinary civil life.

I was greatly pleased, also, to see the great regularity and neatness of the camps everywhere. The most advantageous locations were generally selected, drainage well attended to, and the tents well warmed by stoves, or other

contrivances. Usually the tents were floored, but in some of the regiments the men sleep on the ground, which is, however, baked hard, and well dried. In many instances the ventilation is very imperfect, and too many are crowded into a single tent; the Sibley tents, for example, being often occupied at night by sixteen men, who lie on the ground, with their feet towards the stove in the centre of the tent. Great attention is very properly paid to cleanliness throughout the encampments; all refuse and decomposing matter being removed to a considerable distance. Still it must be acknowledged that the health of the soldiers would be improved by a more frequent removal of the camps; for a large amount of decaying matter inevitably accumulates in and around the tents, which undergoes more rapid decomposition from the high artificial heat which is kept up inside the tents. In most of the camps visited, the men were erecting wooden barracks for winter quarters; these were generally small, but sufficiently spacious for two, covered with canvas, and furnished with many comforts and conveniences. The soldiers were generally cheerful, contented with their accommodations, so far as is consistent with the life of comparative inaction, but unanimously anxious to move forward, and meet the enemy. The army is well clothed and well fed; there was but one answer to the question, "Have you enough to eat?" and that was, "Yes, more than enough." Most of the men seemed to me to regard campaigning as a kind of holiday life, replete with fun and jollity, and somewhat fearful that it might terminate too speedily. The many curious devices and ornaments with Christmas greens, with which many of the camps were profusely decorated, show that the soldier is not insensible to the æsthetic.

I have referred, in general terms, to the very judicious and skilful hospital treatment of the soldiers, and their extraordinarily careful and attentive nursing. In these respects, in all the regular and established army hospitals, there is but little room for improvement. The nurses, both male and female, seem thoroughly to understand their business; and there is, generally, no lack of jellies, cocoa, arrow-root, lemon-juice, dried fruits, and other delicacies. Notwithstanding the objections I have seen raised against female nurses in our army hospitals, it is only necessary to see, how, like angels of mercy, they are regarded by the poor sick soldier; and how their soft, kind, and gentle ministrations carry comfort to his heart and consolation to his spirit; to be satisfied that their services cannot well be dispensed with. There are some other topics, such as the special treatment of typhoid fever, pneumonia, dysentery, remittent fever, and of some other diseases, etc., to which I intended to allude; but as my letter is already too extended, I conclude by saying, that I have been equally interested and gratified by my recent visit to our army of the Potomac.

L.

NEW YORK, Jan. 6, 1862.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Through the columns of the MEDICAL TIMES, as well as by special notice, I desire to remind the members of the Society, and the profession generally, that the Fifty-fifth Annual Meeting of the Medical Society of the State of New York, will convene in Albany on Tuesday, February 4th, 1862. To those who are in the habit of attending these annual meetings, it will be unnecessary to speak of the pleasure and the profit, socially and professionally, that they afford. It is not too much to say that they are regarded as festive days in the tedium of professional life. They are looked forward to and remembered only with pleasure. They are the occasions of many new friendships, and the renewal and strengthening of many old ones.

It is important that at this period in our national history, when the attention of the profession has been so largely occupied by questions involving the interests of life and

health to our army, on which, in a measure, our national existence depends, and when so many of the profession from our own state have entered public service in the Army and Navy, the interests of our society should be neither forgotten, overlooked, nor neglected—that its annual meeting should not, like that of the American Medical Association, be postponed; but that it should suffer no diminution in the number in attendance. Questions of greater importance and of more general interest were never before presented to our profession for consideration and discussion. A new era in hygiene and sanitary measures is being inaugurated; a new era in the science of military surgery in this country is constantly being unfolded, and members of our society are among the leaders and participators of these events. Sufficient has always occurred to awaken a keen interest in our approaching meeting, and can it be otherwise than largely attended?

It may be well to repeat what was mentioned last year, viz. that delegates must, in accordance with the law of the state, be *duly elected* by the respective societies which they represent. Societies cannot *appoint* delegates, nor can they *appoint* or elect *substitutes*. An election can be held to fill a vacancy at any time upon due notice, so that if a delegate cannot attend he may resign his office, and the vacancy be at once filled. The certificates should in every case read that Dr. — was *duly elected for the ensuing four years*, unless the election has been in order to fill a vacancy, when it should be definitely stated by whose resignation the vacancy occurred, and at what time his term would expire. By a little care on the part of the officers of county societies, much valuable time will be saved to the state society and its committee on credentials, and delegates will be spared great annoyance (like that experienced by the New York Delegation last winter). Each county medical society is entitled to as many delegates as its county has members in assembly. Each medical college is entitled to one delegate, and the New York Academy of Medicine to five, all to be *duly elected* for the term of four years. Bellevue Hospital College, a new institution, and a promising one, will be entitled to one delegate. The law has not yet been enacted to admit delegates from the several Insane Asylums, and the Asylum for Idiots, in accordance with the resolution passed in February last. Efforts will be made to secure its passage before the time of the meeting. Last year only twenty-six medical societies, three colleges, and the Academy of Medicine were represented. It is to be hoped that the number will be much greater at the approaching meeting.

Of course it is expected that every member will bring a fitting contribution to medical science, from which to enrich the pages of the yearly transactions; although an experience of ten years does not lead us to expect that all of these contributions will be in chirography easy for the printer to decipher!

SYLVESTER D. WILLARD, M.D.,

ALBANY, Jan. 11, 1862.

Secretary.

Medical News.

BROOKLYN CITY HOSPITAL.—During the year 1861, 1,256 persons received the benefits of this hospital with the following result:—Cured, 672; relieved, 220; discharged at their own request, 50; disorderly or eloped, 120; died, 70; number remaining, 124. The number who paid wholly or in part was 1,038; wholly charity, 218; males, 1,177; females, 79. Of the 70 deaths, 37 were Coroner's cases (accidents), leaving the actual number of deaths by disease 33. Whole number of rations issued during the year, 50,591. Of the charity patients, 178 were accidents sent by the city. The average time of each accident case was 57 days, making for those sent by the city equal to 1,400 weeks, which, at \$3 per week, amounts to \$4,227; 520 of the patients were natives of the United States.

TO CORRESPONDENTS.

J. C. R. (Ohio).—Paper received; your communications are always welcome.

R. A. (Yonkers, N. Y.).—Pamphlet and paper received; the subject should be brought before the State Society; we shall soon notice it again.

G. A. D. (Mexico, N. Y.).—You will receive a letter.

A. H. (Dubuque, Ia.).—Paper received and will appear soon.

MEDICAL DIARY OF THE WEEK.

Monday, Jan. 20.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. OBSTETRIC SECTION, Dr. Underhill, 8 P.M.
Tuesday, Jan. 21.	{ NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, Jan. 22.	{ NEW YORK HOSPITAL, Dr. Cock, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 10 A.M. half-past 1 P.M. NEW YORK PATHOLOGICAL SOCIETY, half-past 7 P.M.
Thursday, Jan. 23.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, Jan. 24.	{ NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, Dr. Noyes, half-past 1 P.M. SURGICAL SECTION, Dr. Wood's, 8 P.M.
Saturday, Jan. 25.	{ NEW YORK HOSPITAL, Dr. Cock, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

The SURGICAL SECTION will meet at the house of Dr. J. R. WOOD, 2 Irving Place, at 8 P.M., on Friday, Jan. 24.

The Regular Monthly Meeting of the OBSTETRIC SECTION will be held Monday, Jan. 20, at the house of Dr. UNDERHILL, 44 E. 20th street, at 8 P.M.

Wade & Ford are now manufacturing DR. JOSEPH H. VEDDER'S walking splint for Morbus Coxarius.

Rensselaer Polytechnic Institute, Troy, N. Y.—The seventy-sixth semi-annual session of this Institution for instruction in the Mathematical, Physical, and Natural Sciences, will commence Feb. 19th, 1862. A full course in Military Science is now in progress.

Further information, with the Annual Register, can be obtained of PROF. CHARLES DROWN, Director.

BOOKS

ON
MILITARY SURGERY.
FOR SALE BY
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JUST RECEIVED, COMPLETE COLLECTIONS OF THE ENGLISH GOVERNMENT REPORTS ON THE MILITARY MEDICAL DEPARTMENT, VIZ:

Medical and Surgical History of the British Army, which served in Turkey and the Crimea during the War against Russia in the years 1854-5-6. 2 vols. 4to. London, 1858. \$12.50.

Report of the Commissioners ap- pointed to inquire into the regulations affecting the Sanitary Condition of the British Army, the Organization of Military Hospitals, and the Treatment of the Sick and Wounded; with Evidence and Appendix. 4to. London, 1858. \$10.

Report of the Proceedings of the Sanitary Commission despatched to the Seat of War in the East, in 1855-56. 8vo. London, 1857. \$4.

Statistical, Sanitary, and Medical Reports of the British Army, for the year 1859. London, 1861. \$3.50.

General Report of the Commission appointed for Improving the Sanitary Condition of Barracks and Hospitals in the British Army. Folio. London, 1861. \$2.50.

As these Reports are now difficult to be procured, intending purchasers are requested to make early application for them.

Armand, Histoire Medico-Chirurgi- cale de la Guerre de Crimée. 8vo. Paris. \$1.85

Baudens.—La Guerre de Crimee, les Campements, les abris, les ambulances, les hopitaux, &c., &c. Second edition, 12mo. Paris, 1858. \$1.

Bertheraud.—Campagne d'Italie de 1859. Lettres Medico-Chirurgicales écrites du Grand-Quartier général de l'armée. 12mo. Paris, 1860. \$1.00.

Bertheraud. Campagnes de Kabylie. Histoire Medico-Chirurgicale des Expéditions de 1854, 1855, and 1857. 8vo. Paris, 1859. \$1.30.

Boudin.—Resumes des dispositions legales et réglementaires qui président aux opérations médicales du recrutement de la réforme et de la retraite dans l'armée de terre. 8vo. Paris. 50 cts.

Boudin.—Systeme des Ambulances des Armées Françaises et Anglaises. 8vo. Paris. 57 cts.

Boudin.—Souvenirs de la Campagne d'Italie. 8vo. Paris. 75 cts.

Cazalas. Maladies de l'Armée d'Orient. Campagne de 1854-55-56. 8vo. Paris, 1860. \$1.25.

Fraser. A Treatise upon Penetrating Wounds of the Chest. 8vo. London, 1859. \$1.60.

Gross, S. D.—A Manual of Military SURGERY; or, Hints on the Emergencies of Field, Camp, and Hospital Practice. 24mo. Philadelphia. 50 cents.

Guthrie.—Commentaries on the Sur- GERY OF THE WAR IN PORTUGAL, SPAIN, FRANCE, and the NETHERLANDS. With Additions relating to the War in the Crimea. 8vo. London. \$4.65.

Hamilton, F. H.—A Practical Trea- TISE ON MILITARY SURGERY. Fully illustrated. 8vo. New York: 1861. \$2.

Jacquot. Du Typhus de l'Armée d'Orient. 8vo. Paris, 1858. \$1.57.

Notes on the Surgery of the War in the Crimea, with Remarks on the Treatment of Gunshot Wounds. By GEORGE H. B. MACLEOD, M.D. Philadelphia, 1861. \$1.50.

On Fractures of Bones and Resection in Gunshot Injuries. By Dr. LOUIS STROMEYER. 8vo. London. \$1.87.

Outlines of Military Surgery. By SIR GEORGE BALLINGALL, M.D. 5th edition, 8vo. London. Price \$4.00.

Saurel.—Traite de Chirurgie Navale, suivi d'un résumé de Leçons sur le service chirurgical de la flotte, par le Dr. J. Rochard. 8vo. Paris, 1861. \$2.10.

Scrive. Relation Medico-Chirurgi- calq de la Campagne d'Orient. 8vo. Paris, 1857. \$2.00.

Tripler & Blackman.—Hand-Book for THE MILITARY SURGEON. 12mo. Cincinnati. \$1.

Warlomont. L'Ophthalmie Militaire à l'Académie Royale de Médecine en Belgique. 8vo. Bruxelles. \$2

Williamson.—Notes on the Wounded FROM THE MUTINY IN INDIA. With a Description of the Preparations of Gun-Shot Injuries contained in the Museum at Fort Pitt. 8vo. London. \$2.75.

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do Ferruginous of Nancy for Rusty Water.
do Lozenges of Citrate of Iron.
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do Saccharine of Citrate of Iron for Rusty Water.
do Syrup of Citrate of Iron.
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do do Castoreum.
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CROSNIER—Syrup Mineral and Sulphurous.
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do Syrup of Calf Lung.
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do Anti-Glaious Elixir of Guilla.
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do do of Atropine.
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do Syrup Proto-Iodide of Iron.
GUERIN—Balsamic Opist.
GUILLIE—Anti-Glaious Elixir.
GUILLIERMOND—Syrup Iodo-Tannique.
HEMEL—Powder for Dogs.
HOGG—Cod Liver Oil.
do Pills of Peppina.
do do do and Iron.
do do do and Proto-Iodide of Iron.
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By B. FORDYCE BARKER, M.D.,

PROFESSOR OF MIDWIFERY AND DISEASES OF WOMEN, ETC., ETC.

LECTURE I.—PART I.

ON PUERPERAL CONVALESCENCE.

GENTLEMEN:—In our lying-in wards, where we have monthly from forty to fifty or more cases of labor, you have the opportunity, found nowhere else in this country, of studying clinically, and becoming practically acquainted with every variety of puerperal disease. You have, already, seen most interesting cases of some of the forms of post-partum inflammation, of puerperal convulsions, mania, and puerperal fever. Before discussing the various pathological conditions incidental to the puerperal state which you have and will see in our wards, let us first study normal puerperal convalescence. This includes two distinct classes of phenomena: first, the restoration of the pelvic organs, which, during gestation and parturition, have been the seat of extraordinary modifications in tissue, function, and position, to their normal state; second, the development of a new function for the nutrition of the infant, lactation.

Puerperal convalescence is normal, when these two conditions are perfectly attained without injury to the health of the mother or child. During gestation, the organs concerned in this function are the seat of a most active evolution, which exerts an important influence over all the vital functions and culminates in the process of parturition.

During the forty weeks of utero-gestation, the uterus enlarges from nearly three inches in length, and one and three-quarters in breadth, to twelve or fifteen in length, and nine or ten in breadth. It increases from about two ounces in weight to twenty-five or thirty ounces. Its cavity, before impregnation, is less than one cubic inch, while, at the full term of pregnancy, it is extended to above four hundred cubic inches, and the surface of the organ increases from about five or six square inches, to nearly three hundred and fifty square inches (Simpson). Its serous tissue undergoes a corresponding extension, and as this takes place without a decrease in thickness, it must be the seat of a much more active nutrition to prevent its attenuation. Its lining or mucous membrane becomes actively hypertrophied, constituting the decidua, which, after parturition, is exfoliated, and a new mucous membrane is formed.

The reduction of the uterus after delivery to its normal size, its involution, as it is termed, takes place by fatty transformation of its component fibres, and absorption. The cicatrization of its internal surface is accomplished by the exudation of organizable lymph and the development of a new layer of mucous membrane. This rapid exposition of some of the physiological changes which take place during puerperal convalescence is necessary, in order that we may properly appreciate the clinical phenomena pertaining to this period.

During the first hours after delivery, the genital organs are more or less swollen and painful. The vagina is distended, soft, and bloody. It has, of course, been very much stretched by the passage of the child, but it is so elastic that it soon recovers its natural state. The anterior edge of the perineum is often slightly torn in first labors, but, if it be not more than this, it is of no consequence. The uterus should be felt firmly contracted, as a hard, round tumor, about the size of an infant's head, just above the pubes. It gradually diminishes in size, until it sinks into the pelvis. It ordinarily cannot be felt above the pubes

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after the tenth or twelfth day, although in some it may be so late as the sixteenth.

Prof. Murphy divides puerperal convalescence into three periods: first, the interval between the birth of the child and the commencing secretion of milk; second, the period during which the function of lactation rises to its highest point of activity; and third, the period occupied in restoring the uterus to its original condition previous to conception. The first hours after delivery should be a period of repose. The patient, by proper management, should be secured a sound and refreshing sleep. If the labor has been a severe and tedious one, and in all cases where operative procedures have been required, I am in the habit of giving a full opiate, that is, a grain of opium, or the equivalent of some of its preparations, as soon as the binder has been applied and the soiled clothes under have been removed. Everything which would disturb or excite her should be carefully avoided, and she should be kept perfectly quiet.

After-Pains.—Sleep is sometimes prevented by severe after-pains, which may come on soon after delivery. They may be even more severe than ordinary labor pains, particularly in those who have borne many children. By proper management, much may be done by way of preventing their occurrence. They are usually the result of the presence of coagula in the cavity of the uterus, which distend its walls and excite spasmodic contractions. If firm, steady pressure is kept over the fundus of the uterus during the time the trunk of the foetus is expelled, and this pressure is not suspended until after the delivery of the placenta and the binder is properly applied, a permanent contraction of the uterus is secured, which so effectually closes the open mouths of the utero-placental vessels as greatly to diminish the amount of blood poured into the cavity. If the second stage of labor be too rapid or too prolonged, I give a full dose of ergot (a teaspoonful of Squibb's fluid extract, in half a wine glass of water for example), just as the delivery of the child is taking place. The precautionary measures which should always be adopted to prevent post-partum hæmorrhage, are also, to a certain extent, a prophylactic against after-pains. Where they come on a few hours after delivery, they may sometimes be speedily relieved by again making firm pressure over the fundus of the uterus, which causes the expulsion of coagula. But this method of relief should only be tried a few hours after delivery, as the pressure may excite irritation resulting in inflammation. Some preparation of opium should then be given. A great variety of different formulas have been proposed for this purpose. My favorite prescription in these cases, is ten grains of the Tully's powder,* repeated, if necessary, in four or five hours; but in most cases, ten grains of Dover's powder, a teaspoonful of elixir paregoric or Dewees' camphor julep, will probably accomplish the result as well. Sometimes, a day or two after labor, severe after-pains are excited by the presence of flatus in the intestines. In these cases, the abdomen is tympanitic, and a slight touch causes severe pain, while the uterus cannot be felt. If the pressure be steadily increased the pain diminishes, until it entirely disappears. If now the hand be suddenly lifted up from the abdomen, the pain at once returns with great violence. If the pain, tympanitis, and tenderness on pressure, are due to inflammation of the peritoneum, the greater the pressure the greater the pain. The after-pains, due to flatus, are most speedily relieved by turpentine stupes and turpentine enema.

There are, also, some rare cases of after-pains which I have met with, which seem to be purely neuralgic in their character. There is no distension or tenderness of the abdomen, nor is the uterus enlarged. On the contrary, it

TULLY'S POWDER.*

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|----|---------------------|----------|
| R. | Pulv. G. Camplor. | } 33 ℥j. |
| | Creta pp. | |
| | Pulv. Glycyrrh. | |
| M. | Morphia Sulph. grj. | |

is very firm, but very sensitive on pressure. There is an entire absence of other symptoms, such as febrile reaction, and constitutional disturbance, such as attends inflammation of the pelvic organs. These neuralgic pains do not seem to yield to opiates, in the fullest doses, but within a few years past I have treated them successfully by quinine, internally, and the application of chloroform liniment externally. I give two grains of quinine every fourth hour. The liniment is the following: B. Chloroform. $\frac{3}{4}$ j., Lin. Sapo. Co. $\frac{3}{4}$ vj. M. Wet a piece of flannel of double thickness, large enough to cover the whole uterine region, and lay upon the skin, immediately covering the patient with the bed-clothes. The application, for the first moment, causes a disagreeable sensation of cold, which is at once succeeded by a burning but not ungrateful heat. A patient that I saw a few weeks since in consultation, had been suffering intense agony for over forty-eight hours, and in addition, she was suffering from the disagreeable effects of large doses of morphine that had been given her to relieve the pain and induce sleep. One dose of five grains of quinine with the application of the liniment I have just mentioned, gave her entire and permanent relief.

I should not omit to mention that, in some few cases, cramps in the legs seem to take the place of after-pains. I believe Drs. McClintock and Hardy were the first to call attention to this fact, which my own experience has verified in two or three instances. The cramps disappeared after the expulsion of coagula from the uterus.

The Lochia.—This is the term applied to the discharges which take place from the vulva from the time of delivery until puerperal convalescence is complete. The quantity, duration, and character of this discharge, vary greatly in different women, who are perfectly healthy. It is at first sanguineous, being principally the blood which oozes from the open mouths of the uterine veins. It then becomes of a greenish yellow, thick and oleaginous, and lastly, thin and serous. In the first twenty-four hours, the patient usually soils ten or twelve napkins. It generally is considerably less on the second day, and not unfrequently the discharge is temporarily suspended for a few hours, when the function of lactation is at first fully developed, a fact that you should remember, as nurses are sometimes alarmed by such an occurrence, and injudiciously excite the apprehension of the patients on this account. The duration of this discharge varies from a few days to four or five weeks. As a sanguineous discharge, it usually continues but a few days. If it be prolonged three or four weeks the probability is that it is due to some local lesion, as ulceration of the cervix, or some lacerations which have occurred during labor, and local exploration should be made to determine the exact character of the lesion. The suppression of the discharge at an early period after labor, is not to be regarded as an unfortunate symptom, except it be attended with other symptoms of an inflammatory nature. It usually ceases much earlier in those who are delivered of still-born children, where the fetus has been dead some days previous to labor. Although there is a peculiar odor which ordinarily attends the discharge, yet, if it be particularly offensive, this condition merits attention. It indicates the putrefaction of coagula or some foreign substance in the uterus, and injections of chloride of soda should be directed to correct the odor. I generally direct that two tablespoonfuls of Labarraque's solution in half a pint of tepid water should be injected into the vagina twice a day. If the discharge has a coffee-ground color, with a fetid odor, it should lead to the suspicion of gangrenous inflammation of the uterus or vagina, and the above injections should be used several times a day. Sometimes the discharge becomes purulent. The source of this may be in the vagina, the cervix of the uterus, or the cavity of the uterus, and after the lochia have ceased, and the discharge has become a purulent leucorrhoea, an examination with the speculum should be made to determine its source. Otherwise, your patient may remain for a long time more or less an invalid, after her confinement, seriously compromising thereby your reputation.

Original Communications.

MEDICO-LEGAL POINTS IN A CASE OF SUSPECTED HOMICIDAL CUT THROAT,

AS PRESENTED AT A MEETING OF THE NEW YORK ACADEMY
OF MEDICINE, HELD DEC. 18, 1861.

By A. CLARK, M.D.,

PROFESSOR OF PATHOLOGY AND PRACTICE OF MEDICINE IN THE COLLEGE
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A WOMAN is found in her bed of a morning with her throat cut, lying upon her back, a little inclined to the right; the head turned a little more in the same direction than the body. A considerable quantity of blood had flowed from the wound upon each side of the neck; most upon the right. She was lying on the left hand pillow near its right extremity. There was sprinkling of blood to a limited extent; some upon her face, in the curls of her hair; on the right hand pillow at a distance of about two feet from the wound, and on the left hand pillow at a distance of nine inches to a foot. The knot of the hair at the back of the head was saturated with blood, clots of considerable size were found along the right shoulder, and blood had flowed down to the hips and had entered the feather-bed, so as to saturate a considerable spot at this place, i. e. in the position of the hips, causing a sensation of weight to the hand placed under the bed, and moistening the hand with blood. The quantity of blood lost could not be accurately estimated, but the bed, after it had been exposed to the rain and weather for several weeks, still contained a coagulum with feathers which was compared in size to a duck; another coagulum was found in the feathers of the left hand pillow about the size of the fist. One or two clots, compared to the size of the two hands, were found upon the surface of the bed. A spot of blood about nine inches in length, and of less width, was observed upon the sheet turned down over the body near to the hips: and some spots of blood were noticed in the blankets under the sheet.

The right hand was lying by the side, the arm somewhat bent at the elbow, and the hand at a distance of about six inches from the hips. Under the wrist and hand was found a razor, partly open and partly covered with blood, more on the inside than on the backs of the fingers.

On the left hand a few spots of blood are described at the ends of the fingers. The curls, which had been put up for the night, were not ruffled or any way disturbed. There was no scratch or abrasion, ecchymosis, or other marks of violence upon the face, hands, or any part of the body, except the cut already referred to.

There were marks of bloody fingers on the face, described as if beginning on the left side, and drawn across the nose, but so vaguely described, that it could not be determined whether they were made by the right hand or by the left. Marks of bloody fingers were described on the inferior and left corner of the right hand pillow, and also on or about the middle or centre of the same pillow. When, however, the pillow tick, produced in court, was seen to be sprinkled with blood at about the same spot, a question was raised whether these latter marks were produced by sprinkling or by the hand. The woman had not removed her drawers or flannel petticoat, and the night dress was turned down from the neck. Little or no blood is described as seen on the chest below the upper edge of the flannel dress, which was under the night gown.

The cut in the neck was five inches and a half in its curved measure and three inches in its direct length. It began on the left side at a point nearly opposite the cricoid cartilage upon the sterno-cleido-mastoid muscle near its posterior border, passed directly inwards towards the centre of the neck and in the line of a radius from that centre to the depth of about three quarters of an inch; it then swept

over the fifth cervical vertebra, shaving off a small portion of the transverse process, passing over the body of the vertebra, penetrating its covering and making a slight impression upon the bone itself, and from that passing out in a direct line on the right sterno-cleido-mastoid muscle, cutting the inner portion of the muscle, and extending half an inch in the skin beyond the parts of the muscle cut—in other words passing outwards nearly in a direct lateral line. The left extremity of the incision was three and one quarter inches below the lobe of the ear, and the right extremity three and one half inches below the corresponding point on that side. The cut had severed the cricoid cartilage and all the muscles in its track, together with the deep jugular vein, the pneumo-gastric nerve, and the carotid artery on each side.

The bed was four feet and four inches in width, and stood in the corner of the room, so that the head of the bed was against the wall and the right side of the bed also against another wall. The room was about seven feet wide and nine feet long. In the space between the bed and the wall on the left side, at the head of the bed, was a stand about two feet and one half in length and eighteen to twenty-four inches wide, on which were found a tumbler, vials, and other furniture in order and undisturbed. The cut appeared to have been one incision.

Two important facts are yet to be stated. The right sleeve of the night gown, buttoned at the wrist, was bloody on the part looking towards the body. Between the wrist and elbow a part of the sleeve was "soaked" with blood, and near the elbow was a sprinkling by drops, which were elongated towards this joint. The other fact is this, while women were "laying out the body," one of them lifting the arm of the dead person, saw bloody froth or rather large blood bubbles rise from the trachea into the wound. Interested in this occurrence, she again lifted the arm with the same result.

A coroner's inquest was held, and the woman was buried under the verdict of suicide. Four months after this, on the 10th of April, 1860, under the suspicion of murder, her body was exhumed and a post-mortem examination made. The body was found in a good state of preservation. The lungs were reported as congested and engorged with blood. Bloody fluid was found in each pleuritic cavity, estimated at five ounces on the left side and eight on the right. The lungs were slightly adherent, otherwise they were healthy. The heart was empty and sound in every particular. The brain exhibited no appearance of any disease, but had undergone considerable change from decomposition. All the other organs examined were found healthy and free from blood. The stomach and intestines were reserved for chemical examination. The tongue opposite the molar teeth was found to be ecchymosed in a space on the left side about one inch in length and somewhat more than half an inch in width. On the right side was a similar spot of about one half that extent. In the right lung were several spots of pulmonary apoplexy.

A second post-mortem examination was made ten days after, or four months and ten days after death. The face, upper part of the chest, inferior portion of the inside of the thighs, upper portion of the legs, and back of the hands, were covered with white or bluish green mould spots; the skin underneath had become of parchment appearance, semi-transparent and reddish brown. The eyes were entirely shrunk and sunken, leaving deep cavities completely lined by the eyelids. There was slight cadaveric rigidity. The inferior half of the trunk, the lower portion of the legs, outside the thighs, the whole lumbar region, and upper portion of the pelvic region posteriorly, were free from any marks of decomposition, and entirely of natural appearance, except a slight uniform greenish stain; and all parts were free from static or post-mortem congestions, or blood stains. The cut in the neck was found as before described, passing nearly transversely from left to right, across the neck, inclined from above a little downwards. The muscles and tissues were so far changed by the previous exami-

nation and some drying as to render it impossible to distinguish precisely the vessels and nerves that had been divided. Opening the sutures of the cut previously made, the viscera of the abdomen, it was found, had been almost wholly removed; there remained, however, the uterus, bladder, and rectum in the pelvic cavity, and these it was noticed were unusually bloodless. In the thoracic cavity one lung remained, and this was lying in the right chest; it was the left lung, which had been turned over upon the heart. In the left pleuritic cavity, which was otherwise empty, was found a drachm and a half of bloody-looking fluid. In the right there was twice this quantity of a similar fluid, but thicker and of darker color. The left lung was entirely uninjured, its bronchus and its vessels being still uncut. It was greatly contracted, but presented no evidence of congestion, except in the inferior and posterior portion, where the blood usually accumulates after death; and this accumulation occupied a smaller space than is usual in the majority of persons who have died of diseases not affecting the lungs.

The organ was of a dark greenish color in its posterior portion, in other parts approaching a slate color; it was perfectly soft and natural in feel; it occupied one-fifth the thoracic cavity. Removed, it floated in water, weighed seven ounces, four drachms, and fifty-five grains (Avoir.). Immersed in water, it displaced eleven fluid ounces and no more; there were a few vesicles of emphysema in the inferior and anterior edges, resulting from commencing decomposition. The heart still attached to the aorta, had been opened; it was stained with fresh-looking blood in the upper part of the left ventricle, and had a spot of commencing decomposition on the inner surface at the apex. The veins of the heart were not distended, and contained very little blood and some air. The aorta, which had not been examined previously, was opened from the heart through its whole length, together with the continuous arteries down into the pelvic. In the upper part of the aorta there was just blood enough to cover the inner surface slightly, but not enough to flow, or show much coagulation. The lower half was entirely empty, and not blood-stained. No blood was found in the arteries or veins of the pelvis or of the abdomen, and no blood stains. The lung was easily and completely inflated, except a small portion of the inferior and posterior portion which had been the seat of post-mortem congestion; with the exceptions above stated, it appeared remarkably healthy. The bronchial tubes were opened as far as the scissors could penetrate; they were found of a reddish-hue, the inferior branches of deeper color than the superior, but containing no blood, or only a trace of blood. The specific gravity of this lung was found to be .665.

Admitting that the quantity of bloody fluid found in the chest had drained from the lungs, it being upon this side by estimate five ounces, let this be added to the weight of the lung as before stated (i. e. seven ounces, four drachms, and fifty-five grains), and also the three drachms found at the last examination in the right cavity, its total weight must have fallen a little short of thirteen ounces. Hutchinson estimates the weight of the healthy female lungs, based upon six examinations of women, weighing on an average ninety-four pounds, as seventeen ounces for the left lung and nineteen for the right. This woman weighed ninety-six pounds, and it may be fair to infer that her lung might have weighed seventeen ounces, and yet not have been materially congested. As to the weight of the right lung, it is reported to have been nine ounces. If the quantity of fluid found in the right cavity on the first post-mortem examination was eight ounces, this added to the weight of the lung would give us seventeen ounces as the weight of the right lung, which will be two ounces less than Hutchinson's average for a woman of her size and age. There was no dispute in regard to the bloodless character of the organs that were removed from the body, with the exception of the lungs.

The husband of this woman was charged with having murdered her. The theory of the prosecution was that she

was first suffocated, and that her throat was cut afterwards.

EXTENT OF CUT.

It was urged that a cut of the extent here described could not be made by the woman herself upon her own throat, and it appears to be a general belief that such cuts are to be ascribed to homicide rather than suicide; still there are many facts on record that will authorize the belief that cuts of great extent can be made by persons attempting their own lives.

Among the cases illustrating this point stands prominently that recorded by Marc (*Annales d'Hygiène*, vol. iv. p. 407; *Taylor*, p. 265; *Beck*, vol. ii. p. 133), in which a young man standing before a window, with a razor, inflicted a wound two inches above the sternum, extending from the outside of one sterno-cleido-mastoid muscle to the outer border of the other, dividing everything, and slightly wounding the anterior ligaments of the vertebra. On this case the reporter remarks: "It is one of the remarkable instances, though occasionally observed heretofore, of the degree of energy to which the intention of suicide can be carried, with persons especially who terminate their own lives by cutting their throats. It proves, in truth, that it is wrong to deny the possibility of suicide in this manner for the reason that the incision has divided part after part, the larynx, the œsophagus, and has struck upon the cervical vertebrae."

Devergie reports in the same vol. page 414 (*Taylor*, 265) an enormous wound in the neck, two inches deep, going to the posterior layer of the pharynx next to the spinal column, three inches and three lines open and just one foot in circumference, cutting the bone of the jaw, sub-maxillary glands, all the muscles of the hyoid bone from the jaw and tongue; the tongue itself and the jugular veins. This great wound was made in three cuts. The man was seen to do this or "otherwise," says Devergie, "would not the suspicion of murder have been raised immediately, and would not the physician consulted have found in the wound circumstances which would militate much more in favor of homicide than suicide?"

Taylor (p. 264) quotes Dr. W. Burke Ryan's report of an extensive suicidal wound reaching to the cervical vertebrae, one of which had been cut by the razor.

Professor Dieffenbach (*Archives Générales de Médecine*, Oct. 3, p. 256), gives an account of thirty-one cases of cut throat, the subjects of surgical treatment. Of these the wound in one was "several inches long;" in another reported "very extensive, to the posterior wall of the œsophagus;" in a third, six inches in length; in a fourth to the cervical column. This latter was in a woman of sixty, and extended from one sterno-cleido-mastoid muscle to another, at a point just below the larynx.

Brière de Boismont, in examining the different kinds of suicide (*Annales d'Hygiène*, vol. xli. p. 143), searched the Procès-Verbaux relating to 4595 suicides. Of these, simple section of the neck numbered fifty-seven, section of the neck and other wounds, fourteen more, making seventy-one. Of this number, in twenty-eight cases, the details of which are sufficiently precise, the instrument had divided more or less completely the muscles, the vessels, arterial and venous, the pharynx and trachea, and was only arrested by the vertebral column. In several cases the wound, frightfully gaping, exposed to view all the wounded parts. Many of these large wounds had been made by a single cut.

On this point, we may cite Taylor (p. 265) in the following words: "As to the extent of the cut, i. e. the number and importance of parts injured, it has been hastily laid down that an extensive wound of the throat involving all the soft parts to the vertebral column could not be inflicted by a suicide; * * * but occasionally all are divided to the vertebra. There are cases perhaps in which with a firm hand there is a determined purpose of self-destruction."

Briand and Chaudé (p. 262), quoting these and similar cases, state that wounds, the most extensive and the most multiplied, may be suicidal. Similar citations might be multiplied, but these must be sufficient. It may be worth while to refer to a few other cases which, though not parallel to the one which we are considering, still show great energy in the attempt at self-destruction. Such is the case reported by Degranges (*Annales d'Hygiène*, vol. xiv. p. 410; *Taylor*, p. 787), in which a young man inflicted a wound to the vertebral column about six inches long, not cutting the deep jugulars or the carotids, but severing the thyroid arteries, bled as was believed to fainting, staunching the blood with his handkerchief, went up stairs, found a cord, descended, placed a ladder against the wall, adjusted the cord to a nail, and afterwards hanged himself.

Dr. T. C. Fennell (*Trans. State Med. Soc., N. Y.*, 1861, p. 61), one of our own fellows, reports the case of a shoemaker, who stabbed himself in the neck with his knife with such energy as to pierce the fifth cervical vertebra to the depth of one inch, breaking the knife outside the bone.

Mr. Jameson's case (*Beck*, vol. ii. p. 130) is extraordinary. A woman cut out part of her larynx, i. e. the cricoid cartilage entire, the left wing of the thyroid, the right arytenoid, and part of the upper rings of the trachea, and a portion of the muscles attached, and while the surgeon was dressing her wounds, took these parts from her pocket and exhibited them to him.

Taylor (p. 269) notices the case of a lady who made two very deep extensive cuts in the neck, dividing the principal bloodvessels on the right side, using as her weapons two pen-knives. The wounds were fatal.

Leuret (*Annales d'Hygiène*, v. 236) reports that an officer cut his throat with a small scissors used for embroidery, dividing the trachea and right carotid completely, the œsophagus and left jugular vein partly, the wound being about two and a half inches in length.

Dr. Spittal (*Edin. and London Monthly Jour. of Science*, July, '41) gives the case of a woman confined for theft, who during the night had symptoms of delirium tremens, but was rational in the morning, so that the matron going to church, gave her the bible, desiring her to read the first Psalm. She was also furnished with milk in an earthen jug and a spoon. The matron on returning from church found her dead, the floor covered with blood, and her neck horribly cut. The wounds had been inflicted by the fragments of the earthen jug which she had broken, and had been bored and deepened by the handle of the spoon.

(To be continued.)

LITHOTOMY IN CHILDREN.

By CHARLES K. BRIDDON, M.D.,

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ACCORDING to the views commonly taken, calculus is much more incident to early years than to any other period, and the disease is especially frequent under the age of puberty in ill-nourished children. Calculi have been found in the bladder at birth, and patients are frequently presented to the surgeon in whom the symptoms have been noticed from the earliest periods of life. Out of 5376 cases mentioned by Civiale, 2416 were children. Mr. Coulson has drawn up two tables for the purpose of determining, in a more precise manner than has hitherto been done, the relative frequency of calculus at different ages. From one table, including only cases submitted to operation, it would appear that seventy-one per cent. were under twenty-one years. From another table it was ascertained that fifty-five and a half per cent. of calculous patients were under twenty-one. This class of patients are also amenable to the same laws which influence adults, being more subject to the disease in certain districts than others. Dr. Gross, in "A Practical Treatise on the Diseases and Injuries of the Uri-

nary Bladder, etc.," states that, in the United States, a larger number of children are affected with stone in the bladder, in Kentucky, Ohio, Tennessee, and Alabama, than in any other region; the inhabitants of Missouri, Iowa, Wisconsin, Michigan, Indiana, New York, and New Jersey, being comparatively exempt. That local causes do influence the prevalence of the disorder is an ascertained fact, but why they should prevail in some districts, more than in others, remains still unexplained. In some of the following cases, complications arose illustrating accidents of not infrequent occurrence, in one of secondary hæmorrhage, in another the impact of a urethral calculus.

CASE I.—Michael O'Connor, æt. 14, of Irish parentage, born in Albany, was presented at the New York Dispensary on the 20th of June, 1859, suffering with symptoms of vesical calculus. When between six and seven, had an attack of hooping-cough, followed by measles. Soon after this, he began to suffer from irritation about the bladder, was treated for the gravel, but never had an instrument introduced into that viscus; was emaciated and careworn in appearance, he walked with a peculiar gait, as if he wished to carry his pelvis steady, and said that running increased his pains, which were seated in the small of the back, hypogastrium, and glans penis; he occasionally assumed various positions to evacuate his bladder, and the stream was sometimes bloody. On introducing a No. 8 sound, a calculus was detected; his urine exhibited a trace of albumen, acid in its reaction, sp. gr. 1018. After standing twenty-four hours a drop, placed under the microscope, exhibited a very few pus corpuscles, some blood discs, bladder epithelium, and a solitary crystal of oxalate of lime.

His parents were informed of the nature of his ailment, and of the means necessary to relieve him. They gave their consent, and after some preparatory treatment, the lateral operation was performed upon him on the 5th of July, in the presence of Drs. Gurdon Buck, Aigner, Quimby, and Weir. Nothing unusual occurred during the steps of the operation, two calculi were removed, no tube was introduced into, and no dressing was applied to the wound. The patient was directed to take a full dose of henbane, and mucilaginous drinks. The largest calculus weighed two drachms, the smaller one, eighty-seven grains; they were of a dark brown color, with finely crystalline surfaces, a section presented aggregation of particles in a concentric arrangement around a still darker nucleus. A portion of the dust obtained in making the section, was digested with nitric acid, and, on being submitted to slow evaporation, left a scarlet residue, which, on the addition of ammonia, yielded the beautiful purple, or lake color, dependent on the formation of murexide. A second portion was dissolved in liq. potassæ, the solution was treated with excess of acetic acid, and, on allowing a drop of this to evaporate on a glass slide, well formed crystals of uric acid were deposited.

6th.—The patient slept a few hours before morning; his pulse is 120, but with this exception, the symptoms are all favorable; he has passed about four ounces of urine through the urethra, and very little by the perineal opening. Ordered hyosciamus, alkalies. 7th.—Pulse 120, soft and compressible, skin hot and dry, tongue clean and moist, urine passes more freely behind, but a little also by the urethra, had an alvine evacuation in the night that gave him some pain. 8th.—Pulse 100, urine passes freely from both passages; the greatest complaint is of hunger, which is appeased by a light unstimulating diet. 9th.—Pulse 88, skin cool, urine passed principally behind. 10th.—Pulse 80, general condition good. After this date the case went on favorably, without a bad symptom; on the 14th, he passed nearly all his urine by the urethra; two days later, none escaped the perineal wound, which was nearly cicatrized. The boy was about before it was completely closed, but this rather hastened than retarded the processes of cicatrization, which were complete by the end of the third week.

CASE II.—Thomas Cunningham, æt. 3 years and 9 months, native of New York, but of Irish parentage, was

brought to the Dispensary about the beginning of September, 1859, suffering with symptoms of stone in the bladder. In infancy, during the first dental eruption, the patient was prostrated by an exhausting diarrhoea; soon afterwards, when about twenty months old, first began to exhibit symptoms of vesical irritation, tenesmus, dysuria, and frequent micturition, at first slight, and attracting but little attention; they continued with augmenting severity and occasional remissions, until medical aid was sought. He had also acquired a habit of pulling on the integuments of the scrotum. During all this period he ran about barelegged in the streets, equalling if not surpassing his playmates in all the rough and tumble exercises of early youth. His sufferings appeared to be the most severe, or perhaps it would be more correct to say, that they attracted more attention, at night. At the age of three years he contracted measles, on recovering from which he went rapidly through an attack of hooping-cough. Patient when first seen Sep. 12 did not appear to have suffered much from local or constitutional causes, and was apparently in rude health, with all his functions unembarrassed save those of the bladder. A No. 6 sound was introduced, and nothing being detected his mother was directed to return with him in a few days. Sept. 16th.—He was placed under the influence of ether, a sound was placed in the bladder, which was fully distended with urine, and a calculus was easily detected, the click being audible to several students who were present.

Oct. 6th.—Kindly assisted by Dr. Jno. O. Stone, in the presence of Drs. Aigner and Corson, I performed the lateral operation, and removed two small calculi. Some little difficulty was encountered in introducing the finger into the bladder, the neck of which, situated high up, was disposed to recede from the finger, which could not readily engage in it. This was surmounted by introducing a stout probe along the groove in the staff into the bladder, and then carrying the finger between the probe and the convexity of the staff; there was not much hæmorrhage during the operation, not a single vessel jetted, and what blood was lost was by general oozing from the incised surfaces.

7 P.M.—Patient in good condition, urine has passed freely by the wound, for the first few hours it was considerably colored by admixture with blood, but is becoming clear; pulse 120, skin warm, complains only of pain when the urine passes. Ordered hyosciamus with pot. bicarb., diluents and ice. 7th, 10 A.M.—Has slept well through the night, urine has passed freely from the perineum, and is barely tinged with blood. 1 P.M.—Had slight hæmorrhage, with discharge of some small coagula from the wound. I hoped that this was nothing more than might be associated with reaction then fairly established, and directed cloths, wet with ice water, to be applied. I visited again at 7 P.M. and found that the hæmorrhage, which commenced at 1 P.M., had ceased. At 6½ the child appeared to be distressed with pain, tossed about the bed, and at last passed some coagula from the wound, which were followed by pretty free hæmorrhage. I opened and exposed the wound freely, but could detect no bleeding orifice; the discharge appeared to come from the neighborhood of the bulb. Having determined to tampon the wound, I shaped a piece of compressed sponge, which had been saturated with tannin, into the form of a cone, of proper form, and large enough when expanded by the absorption of moisture, to adapt itself to the wound; I perforated this in its long axis, and traversed it with a portion of silver canula two inches longer than the cone, one inch of the eyed extremity of the tube projecting beyond the apex of the same. Having prepared the tampon, I introduced the index finger of the left hand freely into the bladder, and on withdrawing it lodged the plug safely in situ. This effectually arrested all bleeding, but the little patient was already much exhausted by the loss he had sustained; he was blanched, restless, and faint, with a pulse of 140; some mild restoratives were prescribed, and beef tea in addition to his previous farinaceous allowance. 8th.—Patient has rallied from the constitutional shock, the tampon has proved

effectual, no hæmorrhage, other than sufficient to saturate the bandage which confines the canula in position; the urine distils through the same channel, and the child expresses no inconvenience from the presence of the plug. 9th.—Condition as yesterday, no bleeding, urine escaping freely, pulse 120. 10th.—No bleeding, pulse as before, no complaint of pain, takes his drinks well, and looks altogether better; there is some slight inflammatory cedema of the scrotum, and the plug bulges a little, as if forced outwards from its bed, by swelling of the parts in which it is inserted. 11th.—Patient looks bright and cheerful, has spent a comfortable night, and has taken his food better this morning, has also had an evacuation from the bowels; there is a little discharge of pus around the plug, which is protruding from the wound; T bandage was removed, parts cleaned, and orders given to discontinue medicine. At 1 P.M., the plug escaped, and was not followed by hæmorrhage. From the last date to the 16th, everything progressed favorably, when the boy passed the contents of the bladder through the urethra, the greater portion finding its exit by the perineum, the wound in which, however, gradually closed, and was completely cicatrized by the end of the sixth week.

CASE III.—As no points of interest occurred in the next case, I shall pass it over as much condensed as possible. John Downey, æt. 6 years, was brought to the Dispensary by his mother, on the 24th of October, 1861. She stated that he had suffered in urinating for the past two years, that he had been under the care of several medical gentlemen; some had recommended removal of the prepuce which was elongated by pulling, others had medicated, but none had sounded the bladder. He was in very good condition, but latterly had suffered more than usual. On the morning he was presented, I introduced a sound without etherization and of course heard nothing but the little fellow's cries, and felt nothing but his resistance. 28th.—Boy in a good condition of anæsthesia, the sound elicited a ring from the stone, plainly heard by the mother and bystanders. 30th.—I performed the lateral operation, assisted by Drs. Buck, Aigner, and Badger. Nothing worthy of note occurred during the operation. A rough tuberculated calculus was removed weighing 126 grs.; it was yellowish brown in color, and ovoid in shape; its nucleus, composed of uric acid, was surrounded by urate of ammonia, arranged at first in laminae but nearer the surface irregularly. I think, but am not certain, that oxalate of lime entered into the composition of some of the large tubercula met with on the surface. The boy's recovery was uninterrupted; the first two days the urine flowed from the wound, then principally by the urethra for five or six days, when it again passed by the perineum, but gradually resumed its natural channel, and after the second week he was out of doors.

CASE IV.—November 17th, 1861, I was called to visit William Collins, native of New York, æt. 2 years and 7 months, who was suffering severely with symptoms of a foreign body in the bladder. No one in the boy's family had been known to be affected with stone. He enjoyed good health until ten months before, when he began to have difficulty in urinating; would scream during that process, pull on his prepuce, which had become elongated in consequence. During these violent straining efforts, he once or twice prolapsed his rectum; his sufferings became more severe six months ago, the attacks would occur every two weeks, lasting three days and followed by an interval of comparative ease, during which he played about in apparent good health. At the time he was first seen by me he was in one of his paroxysms; flushed in the face, which is expressive of suffering; he kneels with his hands grasped over the pubes crying with pain, and looking piteously towards his mother for that help which she could not afford. He was a well developed child, and his affliction did not appear, as yet, to have affected his health or nutrition. I ordered full doses of henbane with bicarbonate of potassa, informed the parents of my suspicions regarding the presence of stone, and proposed to examine the bladder under the influence of ether on the following day. 18th.—On

visiting the boy this morning, I found the penis enlarged to twice its normal dimensions by cedematous infiltration, which extended as far as the root of the organ. The scrotum was free from swelling, and I suspected that of the penis to be caused by the presence of a calculus impacted in the urethra. My suspicions were corroborated by a statement of the mother, that he had not passed water during the preceding ten hours, though he had made frequent attempts to do so. After etherizing the patient, I divided the prepuce, and introducing a sound felt it grate against a foreign body before entering the bladder, and on entering that viscus I readily detected a stone. Ordered an enema containing three drops of tr. opii at once, and to be repeated if necessary. I consulted Dr. Buck as to the propriety of an immediate operation, which he advised for the following day. The patient was ordered a dose of oil at bedtime and an enema the following morning.

19th.—In the presence of Drs. Buck, Aigner, Kelly, and Badger, I extended the incision in the prepuce, exposing the glans freely, and also bringing into view a calculus emerging from the meatus urethrae. This was easily extracted; it was elongated, ovoid, about the size of a large grain of barley, and composed of ammoniaco-magnesian phosphate. After the removal of this, the sound was carried into the bladder, which expelled its contents along the side of the instrument, in spite of an effort made to resist it by pressure exercised with the finger and thumb. A calculus was detected, and the lateral operation was proceeded with. No difficulty was met with until after the urethra was opened, when, on introducing the finger into the bladder, the neck receding slipped over the point of the staff, and the finger passed into the recto-vesical cellular space; this, however, was remedied, the opening into the bladder was found, and a calculus removed without further trouble. The calculus weighed sixty grains, a flattened ovoid in shape, and composed of uric acid with a very small nucleus of am. magn. phosph.; the inner layers around the nucleus were arranged concentrically in regular laminae, the remainder was formed without order, and the surface was granular.

9 P.M.—In good condition, reaction moderate, urine has passed freely by the wound, and is but slightly tinged with blood.

20th, 12 M.—The patient had a convulsion this morning, which was followed by a copious evacuation from the bowels. The attendants assert that it was a regular convulsion of the muscles of the extremities and face, and that it lasted fifteen minutes. It was probably occasioned by the distension of the rectum, as it subsided when that was emptied; and the child appears now quite relieved and in good condition. Urine passes freely by the wound, cedema of the prepuce is fast diminishing; prescribed an anodyne enema. 9 P.M.—Appearance good, skin moderately warm and moist, has had no more convulsions, but vomits whatever is taken; urine passes freely behind and is scarcely tinged with blood. Ordered liq. calcis $\frac{3}{4}$ j, hora quaque sumend; pellets of ice and milk diluted with barley water.

21st.—Vomiting has abated, but there have been many ill-conditioned dejections of a green and slimy character. Ordered syr. gum. acaciae. 8 P.M.—Vomiting has ceased entirely, but the bowels have acted three times since morning. The margins of the divided prepuce are cicatrizing, and the cedema has almost disappeared.

22d.—Much improved in every respect, calls loudly for food, bowels quiet, urine passing by perineum; mother is not able to inform me whether any passes by the urethra or not. After this date, nothing occurred worthy of note, other than the non-appearance of the urine by the natural outlet; there was some superficial sloughing of that portion of the meatus which had embraced the smaller calculus, and whether it was concerned in the delay or not, I am not able to decide. By the 28th, the slough had cleared off, leaving a healthy granulating surface, and I passed a sound through the urethra into the bladder, hoping, by such means, to invite the stream. 29th.—No urine has passed by the

urethra; I again introduced the sound. 30th.—In passing the sound to-day, a full stream of urine passed through the canal alongside the instrument. After last date, he passed all his urine through the urethra, and the perineal wound speedily cicatrized.

In the second of these cases hæmorrhage occurred, and I presume it was caused by the division of some anomalous branch supplying the bulb, which portion of the urethra usually receives its vascular supply by a vessel given off from the pudic opposite the opening in the triangular ligament, and the course of such vessel is out of the way of the deep incision. Erichsen says, that in children the perineum is usually proportionately more vascular in consequence of the irritation and straining, but I did not observe that such was the condition in the other cases. It is interesting to note that the means used to suppress the hæmorrhage proved trustworthy; and under similar circumstances I should resort to it again.

In the fourth case, the operation was complicated by an accident that I think must frequently occur in children. In these subjects, the bladder lies high, the parts are mobile and apt to recede before the finger, pressing its way onwards towards the organ; under such circumstances, the neck of that viscus may be easily pushed over the end of the staff, leaving the operator without a guide. I think this may be obviated by the surgeon taking the staff in his left hand at this point, depressing its handle so as to maintain its point fairly within the bladder during the introduction of the right index finger through the prostatic portion of the urethra.

The convulsions occurring, in this case also, the day after the operation, were, no doubt, caused by distension of the rectum; the peripheral distribution of nerves supplying this portion of the intestinal tube were in a condition of exalted sensibility; the additional stimulus of distension was conveyed along them to the cerebro-spinal axis, and thence reflected by motor branches to the muscular system. At all events such were my reasons for prescribing the introduction of an anodyne into the emptied gut, and the result justified the means.

A CASE OF

COMPOUND DISLOCATION OF THE TIBIA AT THE ANKLE-JOINT,

WITH COMPOUND COMMINUTED FRACTURE AND DISLOCATION OF THE FIBULA.

By S. L. WISWELL, M.D.,

OF CABOT, VERMONT.

MR. J. W., æt. 53, on the 19th of June, 1861, after falling from a frame a distance of ten or twelve feet, was struck with a heavy piece of timber on the right leg a short distance above the ankle. On examination of the injured parts shortly after, the articulating surface of the tibia was found driven through an opening four and three-quarter inches in length; the fibula fractured at the distance of four inches above the joint, also again at the distance of one inch above, and the tissue between the points of fracture so injured, that sloughing resulted a few days subsequently, leaving a wound three and three-quarter inches in length, and some three inches in width. The principal arteries escaped injury. I decided to save the foot if possible, and having reduced the dislocation and placed the limb in its proper position, I prepared myself to combat the constitutional disturbances that I knew must arise. The case was watched with no little anxiety, and remedies administered accordingly. For the first ten days the pulse was kept below 100 by the judicious use of *veratrum viride*. Patient was slightly delirious at times for the first two weeks. Yeast and charcoal poultices were freely used until all danger of mortification was passed, and creasote was added to the poultices so long as any antiseptic was deemed necessary. As may be supposed, the discharge of

pus and purulent synovia was abundant; to guard against the bad effects of which, bark and wine were liberally administered. The hypophosphites of lime and soda were also given, with the apparent effect of increasing the appetite.

The various mechanical contrivances made use of to contribute to the patient's comfort and keep the foot in place, were by no means peculiar, and consequently need not be described. After three weeks, he was in a fit condition to be removed to his home, a considerable distance; the limb being carefully bandaged and supported. During the six months that have elapsed since the injury, several small pieces of bone have been removed, and from the present appearance of the limb I feel justified in predicting a good limb. Of course amputation, if it had resulted favorably, would have saved much time; but I imagine that no surgeon, in these good days of conservatism, would be willing to say that I purchased the limb at too dear a cost.

JANUARY 9, 1893.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, November 20, 1891.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. FORDYCE BARKER'S PAPER ON THE USE OF ANÆSTHETICS IN MIDWIFERY.

DR. DETMOLD.—It may appear presumptuous for me with an obstetric practice so limited, to rise in the presence of so many professed obstetricians, and give my experience; yet it has been my lot to use anæsthetics a great deal in obstetric operations. I have always used chloroform. As to the preference of chloroform over ether, I am not prepared to speak. I have always given chloroform, and should perhaps again give chloroform, although in surgical cases of late I have limited myself to ether. I am not an obstetrician, I see very few cases now, perhaps none, of ordinary labor, and it is only now and then that I am called in to a difficult case to perform an operation. I consider in these cases that the chloroform is preferable, because it acts more rapidly. Giving then my unqualified opinion in relation to all obstetric operations, I would not like to be without chloroform. I must, however, plead guilty that I cannot bring my mind to the general administration of anæsthetics in all cases of natural labor. I cannot give, I must say, any good reason for it, further than that I am unwilling to administer so powerful an agent about the effect of which there is in my mind some little obscurity. It is certainly a very powerful agent by which we can do away with consciousness, and with locomotion, by acting upon all the central vital organs. There is something fearful in the contemplation of its effects, and this fear is added to by the large number of deaths which have been occasioned by its use in surgical practice. I must confess that I do not see a cause for the use of such an agent in ordinary cases of confinement. Our mothers before us have been confined, and I believe that the statistics are not greatly improved by the new practice that has been recommended. I have no very good reasons why I should not like to see it generally used, but it gives me an impression that the institution of such a routine practice would lead to mischief. I would like to inquire here whether in protracted cases of confinement, in which chloroform or ether is administered, the child is not brought in some degree under the influence of the anæsthetic. I would like to know if the blood from the navel cord in such cases has the odor of the anæsthetic.

DR. WORSTER was willing to endorse all the sentiments of Dr. Barker's paper save those which had reference to the increased danger of rupture of the perineum when anæsthetics were used. He had used chloroform in 95 per

cent. of all his obstetric cases, and had never met with one case but that would tend to prove the opposite opinion. He thought that the dilatability of the perineum was, under such circumstances, fully equal to the dilatability of the os uteri. As regards any danger to life, he had not met with the first case in his practice since the introduction of the anæsthetic.

DR. BARKER rose to correct the impression under which Dr. Detmold was laboring. The idea intended to be conveyed in the paper was that chloroform might be used in cases of natural labor attended with very severe pain.

DR. PEASLEE, in answer to the question propounded by Dr. Detmold as to whether the child was affected by the protracted use of the anæsthetic during the confinement of the mother, stated that according to his experience, where ether had been given for a longer period than twelve consecutive hours, he had detected the odor of the anæsthetic in the breath of the child for two days after. No bad effects, however, followed. Whether the same was the case when chloroform was used, he was unable to say. He thought, however, it would be a very important point to decide in summing up the respective merits of the two agents.

DR. DETMOLD wished to ask if the purity of the chloroform had anything to do in preventing bad consequences. He was under the impression that the greatest number of accidents followed the use of the purest article.

DR. P. VAN BUREN alluded to a paper which he had presented some years since on the same subject, in which the same conclusions were arrived at as by Dr. Barker. My own experience, continued he, has not been large in anæsthetics, though I have used them to a considerable extent in obstetric practice, and in every case it has been with the happiest results. I have had occasion to use it in several cases of difficult operations in which a vast amount of suffering was prevented. I have not seen the first case where the least possible injury has been done to the mother or child. In regard to the quality of the article as to its injurious effects when used, I believe it can be pretty well established that the purer the chloroform, the safer the administration. It is probable that no living person has given it oftener than Professor Simpson, of Edinburgh, and only one death is recorded where Duncan and Flockart's chloroform was used. In the paper to which I alluded, which was read before the Academy, a very critical examination was made of the different specimens, when it was found that those manufactured by Duncan and Flockart, and Squibb, were the only two that were perfectly pure. In conclusion he moved that Dr. Geo. T. Elliot be appointed to open the discussion upon the subject at the next meeting.

DR. F. V. WHITE asked the question whether the administration of the article was admissible in cases of organic disease of the heart, lungs, or kidneys.

DR. ELLIOT stated that he could save a good deal of the time kindly allotted to him at the opening of the next meeting by giving his own views in relation to the question propounded by Dr. White. For a long time he held and taught that in cardiac disease complicating labor it was advisable to keep the patient under the moderate use of chloroform, in order to save her those violent straining efforts that accompanied the sensation of pain and distress. While his views had undergone no change in respect to the propriety of the exhibition of anæsthetics for the purpose of controlling such violent efforts of the will, he had thus far changed that in the event of such a complication occurring, he would prefer to give ether. The only reason for such a preference was that in case death should take place, as was very likely to happen, he desired to have the approbation of the profession in regard to the propriety of selecting ether. He could not illustrate better the opinion that he held in reference to this point than by adverting to a recent case in which the wife of a well known gentleman of this city was the patient. Notwithstanding the soft parts were in a good condition, the pelvis ample, and the patient

in appearance the type of a healthy young primipara, the labor was absolutely powerless. He administered without effect 3 iss. of Squibb's fluid ext. of ergot, as also 3 vj. of Neergaard's tincture. As was always his custom in such cases, he did not leave the patient for any great length of time, keeping strict watch over the pulsations of the foetal heart. Two hours having elapsed without any advance being made, a consultation was called at his request, and he had the pleasure of meeting Dr. T. G. Thomas. The condition of things was recognised, and the propriety of terminating labor artificially received his assent, and also that of the husband. As was always the custom with Dr. Elliot previous to the administration of chloroform, the heart was made the subject of examination, and Dr. Thomas proceeding to make that examination, recognised at once mitral regurgitation—a valvular bruit with the first sound of the heart, heard most distinctly over the apex. Dr. Elliot was also able to appreciate this condition of things. It was due to rheumatism which she had suffered from some time before, although at that time the disease was carefully observed by a distinguished physician of this city, who was unable to detect any cardiac complication. In accordance with his unfailing custom in these cases, Dr. Elliot decided, in the first place, to put his patient out of pain during the operation; in the second place, to spare her the anticipation of that operation; and in the third place, to prevent her living over in memory the steps of the operation. The anæsthetic was administered without making known to her the fact that forceps were to be used. Ether was preferred in this case, for reasons already stated. Dr. Thomas brought the patient under the influence of the anæsthetic, easily, pleasantly, and thoroughly. She knew of nothing whatever from the commencement of the administration until the binder was on, and the baby dressed and placed by her side prepared for her to receive it.

In regard to the question of danger in diseases of the kidney, he could best answer the question by referring to the concurrent testimony of the profession in regard to the value of the administration of anæsthetics in uræmic convulsions.

The Academy then adjourned, it being agreed that the subject for discussion be continued to the next meeting.

SURGICAL SECTION.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, Dec. 27, 1891.

DR. JAMES R. WOOD, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. GEORGE K. SMITH'S PAPER ON THE RELATION OF THE INSERTION OF THE CAPSULAR LIGAMENT OF THE HIP-JOINT TO INTRA-CAPSULAR FRACTURE.

(Continued from page 406.)

DR. A. C. POST remarked as follows:—"I appreciate highly the laborious and scientific investigations, the results of which Dr. Smith has presented to the Section. I believe that they will lead to important modifications of the views which have been entertained by surgeons with reference to the important class of injuries to which they relate. But I am not prepared without further demonstration to assent to all the conclusions at which he has arrived. I have no objection to make to either of the first four propositions as stated by Dr. Smith. The fifth proposition seems to me to be founded on an error, or at least on a statement which has not been demonstrated to be a fact. The statement to which I allude is this, viz. that, when the cervix femoris has been fractured, and the fragments have reunited, and the cervix is found on post-mortem examination to be shorter than that of the opposite side, the absorption, to which this shortening is due, preceded the union of the fragments. It appears to me more probable that the union, in such cases, takes place in the first instance, and that the interstitial absorption is a subsequent event. This view would seem to be supported by the fact that before union has taken place, the fragment connected

with the head of the bone has a very imperfect supply of the veins or lymphatics through whose agency the absorption would be likely to occur.

In order to demonstrate the truth of Dr. Smith's proposition, it would be necessary to present a series of preparations taken from patients who had survived intra-capsular fractures for variable but known periods, antecedent to union, and to show that there was a progressive shortening of the neck before the occurrence of union. Dr. Smith's sixth proposition seems to me to involve errors, or at least unsustained hypotheses, more glaring than that which is objected to in the fifth proposition. The language which is employed by Dr. Smith in the sixth proposition seems to convey the idea that the main obstacle to bony union in intra-capsular fracture is to be found in the condition of the fragment connected with the shaft of the bone, and that when the portion of the neck between the fracture and the shaft has been absorbed, the obstacle to bony union is thus removed. Now I conceive the principal obstacles to bony union in intra-capsular fractures to be found in the condition of the fragment connected with the head, which having no supply of blood-vessels except those which are conveyed to it by the ligamentum teres, does not receive sufficient nourishment to secure its union by bone with the other fragment. The seventh proposition seems to be founded on the same errors or unsustained hypotheses which are contained in the fifth and sixth. The first sentence in this proposition requires to be qualified by confining the statement to intra-capsular fractures, as it has not been demonstrated that there is ordinarily any shortening of the cervix femoris following extra-capsular fractures. The eighth proposition is founded on the same error or unsustained hypothesis as the three preceding ones, viz. that the shortening of the neck by absorption precedes the union of the fragments by bony or fibrous tissue. From the similarity in the appearances of certain cases of fractured cervix in which union has taken place, and in which a large portion of the cervix has been absorbed, to certain cases of disease in which shortening has occurred without fracture, it might be inferred that probably the union of the fragments has preceded the absorption of the cervix.

The principal interest which attaches to Dr. Smith's report appears to me to be the demonstration that there is a considerable diversity in the extent of the portion of the cervix femoris which is included within the capsule in different subjects, and that the portions included within the capsules are equal on the two sides of the same subject. He has also demonstrated that there is a considerable portion of the cervix intervening between the insertion of the capsule and the inter-trochanteric lines. From these facts which have thus been demonstrated, it may fairly be inferred that it will ordinarily be impossible to determine during life, whether or not fracture is entirely within the capsule. And in old cases where absorption has taken place, and the capsule has shifted its position, it may be impossible, even by a post-mortem examination, to determine positively whether the fracture was originally within the capsule.

I propose, therefore, to make a new classification of fractures of the cervix femoris, dividing them into two classes, viz. fractures between the caput femoris and the inter-trochanteric lines, and fractures at the inter-trochanteric lines extending more or less into the shaft of the bone. I propose to call the fractures of the first class *intra-cervical*, and those of the second class *extra-cervical*. I think that these two classes of fractures will be found to correspond very nearly with those which have hitherto been described as intra-capsular and extra-capsular. They are somewhat distinct in the signs by which they are characterized during life, and are strikingly dissimilar in their appearances, as disclosed by examination after death. I submit the following propositions:—

1st. Intra-cervical fractures are usually included within the capsular ligament, being near the head of the bone, and often involving a portion of it.

2d. Intra-cervical fractures are attended with a short-

ening of the limb, which, in recent cases, rarely, if ever, exceeds an inch.

3d. In intra-cervical fractures, bony union very rarely occurs. When bony union fails, there is sometimes ligamentous union, and sometimes the fragments remain entirely detached from each other.

4th. In intra-cervical fractures, whether bony union takes place or not, the cervix femoris becomes greatly shortened by interstitial absorption, and, after the lapse of several weeks or months, the limb may be shortened to the extent of two inches or more.

5th. In intra-cervical fractures, as the neck of the bone is shortened by absorption, the capsule shifts its position, so that in some cases it ultimately becomes attached to the shaft of the bone.

6th. In extra-cervical fractures, the cervix femoris is driven into the spongy structure at the junction of the trochanters with the shaft of the bone; and if the fracture be the result of a moderate amount of force, the upper fragment will be impacted into the lower. The shortening in such cases varies, according to Robert W. Smith, from a quarter of an inch to an inch and a half.

7th. When an extra-cervical fracture is produced by a greater amount of force, the impaction is relieved by the splitting off of the trochanters, and the fragments acquire a considerable degree of mobility. In such cases, the shortening varies from one inch to two and a half inches.

8th. In extra-cervical fractures, bony union may generally be expected, if the patient be not infirm, or of very advanced age. The union of the trochanters with the shaft of the bone takes place at an earlier period than the union of the neck with the shaft. An exuberant growth of bony matter is apt to take place at the junction of the trochanter with the shaft of the bone.

9th. There is not usually any remarkable shortening of the cervix femoris after extra-cervical fractures.

The Society then on motion adjourned.

Progress of Medical Science.

PREPARED BY E. H. JANES, M.D.

ON LOOSE CARTILAGES IN THE KNEE-JOINT.

THE *London Medical Review*, for October, contains an article by Mr. Joseph Square, surgeon, etc., on the removal of loose cartilages from the knee-joint by Mr. Syme's subcutaneous operation. He first refers to a case reported in the *Lancet*, under the care of Mr. Fergusson, who operated by a valvular incision, in preference to the operation by Mr. Syme. In this case, synovia flowed from the wound during the operation, and the joint was subsequently attacked by acute inflammation, and discharged synovial fluid and pus for many days. After being actively treated with calomel, opium, and leeches, the patient finally recovered with a stiff joint. Having witnessed similar disasters follow this operation, the writer was ready to hail with satisfaction Mr. Syme's announcement of his operation, and commenced early to practise it with marked success. He now reports nine cases treated by himself and colleague, Mr. Whipple, in which they invariably employed the subcutaneous method, all of which have been attended with the most happy results. The operation consists in fixing the cartilage firmly at either side or angle of the joint, and while it is held in situ by an assistant, the skin is punctured by a long tenotomy knife, about two inches from the cartilage, and by a semi-circular sweep the areolar tissue is separated from the subjacent fascia, and the synovial membrane upon the cartilage freely divided. The cartilage is now pressed through the opening in the synovial membrane, and slid along the subcutaneous tract, and there fixed with a pad of lint, adhesive plaster, and bandage, a straight splint applied along the back of the limb, the limb placed at an angle of forty-five degrees, and generally a cold water dressing applied. At a proper time the cartilage is excised,

and the remaining portion of the wound heals without difficulty. In the treatment of these nine cases, the knee-joint was opened by subcutaneous incision thirteen times, and "neither pain, inflammatory action, nor any serious symptom has in any one instance arisen." The writer considers it a safe operation, and urges, with earnestness, its adoption by the profession as a common justice to humanity.

American Medical Times.

SATURDAY, JANUARY 25, 1862.

MEDICAL PROVISION ON RAILROADS AND STEAMBOATS.

THE old Knickerbocker, who, a few years ago, embarked on a sloop for a voyage to Albany, declaring he had no confidence in steamboats and rail-cars, expressed a very salutary doubt as to the comparative safety to "life and limb" of the modern ways of locomotion. The application of steam to travel was not more amazing in its power, to our elder brethren, than was the frequent slaughter of scores of travellers by terrific, accidents horrifying. They very naturally determined to continue in the old and safe ways, rather than adventure, when they only gained in speed at the risk of life. Although it may be doubtful if the number killed and maimed to the number who travel, may not have been greater fifty years ago than now, yet it cannot be denied that the perils of travelling by steam are, in truth, alarmingly great. From carefully prepared statistics, it appears that in this country during 1861, there were 63 railroad accidents, resulting in 101 killed and 459 wounded; in 1860, there were 74 railroad accidents, resulting in 57 persons killed and 315 wounded. The number of railroad accidents for the last nine years was 1040, giving 1267 persons killed and 4385 wounded. Steamboat accidents present a remarkable contrast to those occurring on railroads. A far greater fatality attends them, owing to the liabilities to drowning. In 1860, there were 21 steamboat accidents on our inland waters, resulting in 242 killed, and 146 wounded. During the last nine years, there have been 261 steamboat accidents, causing the death of 3070 persons, and the maiming of 1170 others.

In reviewing such statistics, the practical question which presents itself to every philanthropist is, how can modern travelling be rendered more safe? As physicians, it is not our province to discuss the causes of railroad and steamboat disasters, as they are for the most part directly traceable to bad management. The care of the injured, however, falls to our lot, and we have a direct interest in whatever tends to make our services most available in the mitigation and relief of suffering.

The attention of the profession has been called to the "Medical Provision for Railroad Accidents," in a letter published in a former number of the MEDICAL TIMES, by A Country Surgeon. A plan for rendering the services of medical men more efficient on railroads, in cases of accidents, should, we think, be devised, and that recommended by the writer is worthy of consideration.

'Let the companies, where practicable, appoint dis-

trict surgeons, unsalaried, but payable for actual services at the principal towns along the line, and not exceeding from ten to fifteen miles apart, the district of each to extend to the flag station nearest to midway between any two. The advantage attending such regular appointments would be, that where medical assistance was not immediately at hand, the employees would know exactly where to send. At each such surgical station a small room should be set apart on the ground floor, furnished with an iron cot bedstead and bedding, a stretcher, a small table, one or two common chairs, and a small wood stove, by which the room could be heated in a few minutes, if required in winter, or hot water, or a brick for application to the feet at any time. * * * The surgeon might also keep at the station a little linen, lint, bandages, sponges, a few splints, and such minor articles for immediate use. In case of an accident, a stretcher could be obtained from the nearest flag-station, or those from the adjoining ones, if several were seriously hurt, and the medical officer summoned, also those of adjoining stations if necessary. This would not preclude, however, the employment of any medical assistance immediately available. If the injury were too severe to risk removal, the patient could be carried to the nearest flag station until the immediate danger had subsided; when practicable, however, he should be carried to the nearest district station, his immediate wants there attended to, and provision made for safe removal."

If this, or some similar plan were adopted by our railroad authorities it cannot be doubted that very many lives now lost would be saved, and much suffering would be promptly relieved after those terrible accidents which so often thrill community with horror.

In steamboat disasters, upon our rivers and lakes, there is universally great need of immediate and efficient medical aid. Many of the steamboat accidents consist of explosions, and the resulting injuries are of a nature that demand instant attention. Frequently these casualties occur many hours before the destination is reached, and the victims, if they survive, suffer untold miseries. Every Ocean steamer has to supply itself with a surgeon; the necessity is apparent, for few travellers are willing to commit themselves to the perils of a sea voyage without some medical provision. Is it not equally important that the densely crowded inland steamer should be equally provided with proper medical aid? The necessity is too apparent to require argument.

This subject is one which should not be allowed to rest until ample Steamboat and Railroad medical provision be made by every corporation controlling the great national highways.

REORGANIZATION OF THE MEDICAL DEPARTMENT OF THE ARMY.

In a former number we noticed at some length the proposed reorganization of the Medical Department of the U. S. army, in accordance with a bill introduced into the Senate by SENATOR WILSON. At that time we had seen but an outline of the Act, but we now have an opportunity of presenting it in full to our readers. Every member of the profession must be interested in a measure which contemplates placing the medical corps of the army in a more dignified, honorable, and influential position. The several sections read as follows:—

SECTION I. There shall be one Director General who shall have the rank, pay, and emoluments of a Brigadier General, and who shall, as chief of the Medical Corps, perform the duties now assigned to the Surgeon-General, and

such others as may be required by law and regulations. There shall be one Sanitary Inspector-General, who shall have the rank, pay, and emoluments of a Colonel of Cavalry, and who shall, under the Director-General, have the general supervision of all that relates to the sanitary condition of the Army, whether in quarters or in camps, and with the hygiene, police, discipline, and efficiency of field and general hospitals under such regulations as may be hereafter established. There shall be eight Sanitary Inspectors, who shall have the rank, pay, and emoluments of a Lieutenant-Colonel of Cavalry, and who shall be charged with the duty of inspecting the sanitary condition of quarters and camps, of field and general hospitals, and who shall report to the Sanitary-Inspector-General, under such regulations as may be hereafter established, all circumstances relating to the sanitary condition and wants of troops and of hospitals, and, to the skill, efficiency, and good conduct of the officers and attendants connected with the Medical Department. There shall be not exceeding forty Surgeons of the first class, who shall have the rank, pay, and emoluments, each, of a Major of Cavalry, and who shall ordinarily be assigned to staff, bureau, and hospital duties. There shall be not exceeding fifty Surgeons of the second class, who shall have the rank, pay, and emoluments each, of a Captain of Cavalry, and who shall ordinarily be assigned to duty with regiments. And there shall be not exceeding one hundred Assistant-Surgeons, who shall have the rank, pay, and emoluments, each, of a first Lieutenant of Cavalry, and who shall perform such duties as are now required of assistant-surgeons. There shall be not exceeding one hundred Medical Cadets, who shall not be less than eighteen, nor more than twenty-three years of age at the time of entering, who shall be examined by a Board of Medical Officers in such branches of medical sanitary science as the Director-General may order. After three years of continuous service, and on producing proper testimonials of character from the medical officers with whom they have served, they may be examined for promotion by a Board of Medical Officers of the army. They shall have the rank, pay, and emoluments of the highest grade of non-commissioned officers of the army. There shall be as many Hospital Stewards as the exigencies of the service may require from time to time to be designated by a Sanitary Inspector on the recommendation of the senior-surgeon of the post, division, regiment, or military department, where their services may be required, and they shall have the rank, pay, and emoluments of first-sergeants of cavalry.

Sec. II. Be it further enacted, that immediately after the passage of this act, it shall be the duty of the President to select from the medical corps of the army suitable persons to fill the offices of Director-General, Sanitary Inspector-General, and Sanitary Inspectors, provided that no one shall be appointed to either of said positions who shall have attained the age of sixty years.

Sec. III. And be it further enacted, that promotion in the medical corps, up to the grade of Surgeon of the first class, inclusive, shall be by seniority, but that the grades of Inspector-General, Sanitary Inspector-General, and Sanitary Inspectors shall be filled by selection from the whole corps, and by such officers as shall have shown their peculiar fitness for such positions.

Sec. IV. And be it further enacted, that the Surgeons of the first and second classes provided for by the first section of this act, shall be appointed from the medical corps of the army as at present organized, and in accordance with requirements of Section III. of this act, and that the consequent vacancies in the grade of Assistant Surgeons shall be filled by appointment from civil life; provided that no one shall be appointed an Assistant Surgeon in the army, or promoted to the grade of Surgeon of the first or second class until he shall previously have been examined by a board of Army Medical officers, and found qualified, physically, morally, and in medical and sanitary attainments, for the office, and the adequate performance of its duties.

Sec. V. And be it further enacted, that so much of the

act of that allows additional rations to Surgeons and Assistant Surgeons upon the completion of ten years' service in their respective grades be, and the same is hereby repealed.

Sec. VI. And be it further enacted, that every medical officer of the army who has attained the age of sixty-five years, or on attaining that age, shall be retired from active service, and shall be entitled to receive the pay and emoluments allowed to officers of corresponding rank, by the act of

Sec. VII. And be it further enacted, that all acts and parts of acts inconsistent with the provisions of this act, be, and the same are hereby repealed.

The features of this Bill, which will arrest attention, are:

1. The increase in the force of the Department;
2. The elevation in rank;
3. The formation of a corps of medical cadets;
4. The promotion to the highest places in the Department by merit, and not seniority;
5. The retiring of officers at the age of sixty-five.

The Bill, as drawn, was evidently designed to place the medical department of our army on a basis corresponding with those of Great Britain and France. The title of the chief officer is very properly changed from Surgeon General to Medical Director—a change long since made in the English medical department. In 1814, the head of the U. S. Army Medical Bureau was styled "Physician and Surgeon General." The addition of a Sanitary Department, properly appointed, is a most important improvement, and cannot fail to commend itself to the good sense of our legislators. The rank is also a great advance, but still it is not what military science in our day requires. There can be no good reason why the first Medical Officer should not be a Major-General. It is doubtful whether Medical Cadets, as a distinct corps of the staff, will prove desirable. In every position where medical services are required, fully qualified surgeons can alone properly discharge the duties. In large civil hospitals, undergraduates are now rarely admitted, and much less should they be intrusted with responsible duties in military hospitals. Promotion to high offices according to merit, and not by seniority, is now becoming the prevailing custom in other departments. It has its advantages, and its disadvantages. While it stimulates the young and ambitious to perform meritorious services, it cannot be denied that it places the office within the arena of political influence, and in that respect might seriously compromise its efficiency. Still, towards that general regulation, our own as well as other Governments are tending, and we should not be disposed to reject it. Indeed, promotion by merit was, we believe, the rule in the early history of the medical department of our army. Surgeon-General LOVELL, who succeeded Physician and Surgeon-General TILTON, was thus promoted. Finally, the retiring of officers after a given age must be a rule in every department of government requiring great energy and activity.

The importance of a reorganization of the medical department of our army is an admitted fact by military officers no less than by the Medical Staff itself. The events that have occurred within the last six months have revealed the defects of the present organization, and call for immediate reform. The medical profession should seize the present opportunity to place this branch of public service, in which they have a special interest, on the most elevated basis. Medical men throughout the country can do much to further this object by communicating with their representatives in Congress.

THE WEEK.

A MEETING of the Associate Members of the U. S. Sanitary Commission, and of members of the Commission resident in the city of New York, was held at the rooms of the Century Club, in the evening of Thursday, the ninth day of January. His Honor, GEORGE OPDYKE, Mayor, was called to the chair, and MR. G. F. ALLEN appointed Secretary. The chairman addressed the meeting, impressing the great value of the services the Sanitary Commission has rendered and is now rendering the nation, and the urgent necessity which exists for the prompt accomplishment of the object to further which the present meeting was specially convened—the thorough reorganization of the medical department of the Army. The REV. DR. BELLOWES, chairman of the Sanitary Commission, addressed the meeting, laying before it the present condition of things in the medical department of the army, the pressing necessity of some official and efficient machinery for providing for and regulating the sanitary condition of the troops, and the considerations which render a complete and thorough renovation and reorganization of the medical department of the army absolutely indispensable. DR. VAN BUREN then gave the meeting the history of the present Medical Department of the Army, and in a more detailed and professional way, the practical defects of the present system in our Army, contrasting it with the systems now existing in the Armies of France and England.

MR. STURGIS, after some introductory remarks, moved the following resolutions with preambles:—

Whereas, The efficiency of our troops, the economy of our treasury, the confidence of the people at home, and the success of our national cause finally depend as much upon the *health of the army* as upon great generalship, hard fighting, sound legislation, or good financiering; and

Whereas, The health of every army is largely dependent on the constitution and efficiency of its medical department, and its disposition and ability to employ all known preventive and curative methods with foresight, energy, and zeal, and

Whereas, The existing medical department of the U. S. army being skilfully adapted to the economical and simple wants of the few thousand men hitherto, happily, competent to our national need, is, on this very account, far behind the wants of an army of more than half a million of men. Therefore,

1. *Resolved*, That the humanity and intelligence of the American people demand that the vast body of citizen-soldiers now in the field, fighting for the life of the nation, shall not be without the protection of the most efficient medical organization known to military experience in any part of the world.

2. *Resolved*, That the existing organization of the medical department of the army, in which *seniority* is the sole law of promotion, and a colonelcy the highest grade of assimilated rank attained, is incompatible with the due importance of the department; destructive to that spirit of emulation essential to great services; fatal to the rise of merit and high qualifications in the control of affairs; and deadening to the efficiency of the department.

3. *Resolved*, That this meeting earnestly urges upon Congress, the passage of a bill, substantially such as has been introduced into the Senate, a copy of which is appended, for the reorganization of the medical department; raising it more nearly to the level of the position now enjoyed by the medical departments of England and France; securing to it the full reliance of the government and the hearty confidence of the public; and enabling it by the invigoration it would acquire under the administration of men of middle age, proven qualifications, and first-rate energy, to

meet the humane expectations of the nation, and secure the largest possible amount of health and efficiency among our troops.

4. *Resolved*, That these resolutions, signed by the officers of this meeting, and by such of the members of this body as feel their truth and urgency, be transmitted to the Chairmen of the Military Committees in both Houses of Congress, to the Commander-in-Chief, to the Secretary of War, and to the President of the United States.

5. *Resolved*, That the aforesaid members of the Sanitary Commission now assembled, earnestly invite their fellow-citizens, and especially the Chamber of Commerce, and the Associated Banks, to exert their influence to secure the passage of Senator Wilson's bill (above referred to) with proper modifications.

These resolutions were seconded by DR. ALONZO CLARK, who supported them in an address to the meeting. The HONORABLE HORACE GREELEY, PROFESSOR ORDRONAU, REV. DR. OSGOOD, DR. WATSON, MR. MCCURDY, JUDGE DALY, DR. MCCREADY, DR. GRISCOM, DR. ALEXANDER H. STEVENS, DR. JOSEPH M. SMITH, and DR. HARRIS, all spoke in support of the bill and resolutions.

THE practice of salting the streets of New York after every snow storm, to hasten the melting of the snow, is now forbidden by law. While it was practised, the streets were not only ankle deep with water, but this water was rendered intensely cold by the mixture of salt. Great injury resulted to the hoofs which travelled on these streets, many losing their horses as a result of the constant exposure. Children attending the public schools were very liable to have their shoes saturated with this brine, and severe colds were the consequence. As a sanitary measure, this action of the Common Council is worthy of all imitation.

RECENT reports from our army at Port Royal show a large amount of sickness, most of which is due to the effects of a southern climate upon northern constitutions. It is noticed also that hospital provision is not sufficient for the wants of the sick. This is to be regretted, as much suffering and a largely increased mortality must result.

Reviews.

TEN LECTURES INTRODUCTORY TO THE STUDY OF FEVER.

By ANDREW ANDERSON, M.D., Lecturer on the Practice of Medicine in Anderson's University, Glasgow. London. 1861. Pp. 180.

FEVER is a disease the study of which presents peculiar difficulties to the student. Firstly, it is complex in itself—its types and varieties are numerous—its pathology is yet undetermined; then, there is no lack of treatises upon the subject, and each author, following his own plan of arrangement and classification, has multiplied the labors of the student, and often perplexity has resulted instead of assistance being rendered. It may not seem likely to lessen the confusion arising from a multiplicity of authors that another shall come forward to present his peculiar views. Still the writer of this little treatise has, in our opinion, succeeded in attaining the end he had in view—to present such a view of fever in general, and of the relations of the individual fevers to each other, as should aid the student in mastering the subject. It is not a treatise on fever, exhausting the subject by a systematic consideration of the disease in general, and its individual divisions, but a sketch of the disease, so that its nature may be understood, its relations determined, and the bearing of its varieties observed.

teacher of experience here gives us what he has judged the best plan of presenting to the mind of students one of the most complex and important subjects of practical medicine. As the oldest and most experienced may derive benefit from reviewing elementary subjects, and as those for whom the work was published cannot fail of being profited, we do not hesitate to devote a portion of our space to an analysis of its contents.

Among the *causes* of fever cold and various irritations may be ranked, but they do not frequently give rise to the disease, rather causing inflammations than fevers. By far the greatest number of fevers are produced by poisons, and of these there are four—"Malaria, poisonous emanations from vegetable matter; effluvia, poisonous emanations from animal matter; the specific contagious emanations from particular fevers, as typhus for instance; and epidemic influence—a poison existing in the atmosphere, coming we know not whence, acting we know not how."

The consideration of the period which elapses between exposure to the cause, and the development of the disease—the period of latency, or incubation, gives occasion for the following practical remarks:—

"When a person has been exposed to the contagion, say of typhus, and begins to complain of languor, lassitude, headache perhaps, and slight sickness, then is the time for trying to ward off the disease. Remove him from the source of contagion, keep up the vital power by camphor, quinine, ammonia, alcoholic stimulants in moderation; and in many cases I do believe you will succeed—just as in the case of malaria, quinine introduced into the system so fortifies it, that although the poison must needs be absorbed into the blood, it does not there produce the effect it otherwise would. I believe it is at this period of the fever that emetics can be of use. If the fever has fairly developed itself I do not think you can cut it short; and during the stage of incubation anything that exhausts the patient is injurious. You must not fight against the fever. One of our own profession, let us say, feels the indications of on-coming fever: determining to resist it to the last, he continues to go about in his usual way. I believe this is the very worst thing that can possibly be done in the stage of incubation. Every effort ought to be made to keep up the vital system, and not exhaust it."

To the question "What is fever?"—a question which has elicited so many answers, upon which so many controversies have arisen, and the fruitful parent of so many theories—our author does not respond in the sense of fixing upon any particular pathology for the disease. He does not, therefore, commit himself to the "nerves" or the "vessels"—does not adduce arguments to maintain "spasm," or waste time in combating "relaxation." One thing he impresses upon the mind of the student—the fact that there is idiopathic fever—fever independent of any local lesion, whatever complications may arise to modify its progress or interfere with its termination. He occupies himself with the changes which we can observe during fever—with the effects it produces—rather than with the ultimate cause or nature of the disease.

Fever, he teaches, consists of two parts, relating to—1st, its nature; 2d, its progress. The first has a triple division—into derangement of the blood, derangement of the nervous system, and derangement of the processes of assimilation. The second may likewise undergo a triple division consisting of the series of phenomena which succeed each other in a typical case—the stage of depression, the stage of reaction, and the stage of subsidence. The latter cannot of course co-exist as they relate to time; of the former any two, or all three, may, and often do, exist together. Four things are present then in every case—the three "derangements" in greater or less degree, and one of the "stages," each of these four elements may vary widely as to the extent of departure from the normal state, and thus we have a key to the infinite complexity and variety of fever and fevers.

Now from the proportionate predominance of any one of these six elements, three of progress, and three of nature, we have six *types* of fever; when the stage of depression is in excess we have the *congestive* type, familiar to practi-

tioners in the western portions of our country, because so frequently seen in our bilious remittents and intermittents;* when the stage of reaction becomes excessive we have the inflammatory type; when that of subsidence, the asthenic. If derangement of the nervous system predominates we have *nervous* fever; if the blood presents the most marked departure from health the fever is *septic*; and if the processes of assimilation are especially deranged we have the *typhoid* type. To these two types are prefixed by the author, the *mild*, where the symptoms are not severe enough, and the duration not sufficient to allow of classification under either of the other types, and the *toxic*, where the like effect is produced by the evidence of the poison or the rapidity of its action—the patient dying "as if by aconite or argenic."

In this connexion we must remark the ease with which the author impresses the difference between the "typhoid type" of fever, and "typhoid fever;" any fever may be typhoid in character without being typhoid fever, paradoxical as the statement may appear. He adopts the name of "enteric fever," from Wood, discarding entirely, and recommending others to discard, the name of typhoid as applied to the fever with lesion of the follicles and glands of the intestines as an essential part of its existence. It is to be regretted that there is no ground for hope that his influence will be extensive enough to produce a change so much to be desired in the medical language of the country. The term "typhoid fever" as applied to the "follicular enteritis" is so interwoven with the literature of this country, so impressed upon the mind of the profession, that it seems impossible to get rid of it, and to substitute a more precise and less perplexing designation.

After a brief but clear description of each of these types of fever, and a sketch of the treatment adapted to each, the *forms* of fever are given. They are five in number; *ephe-mera*, often seen in the puerperal state, intermittent, remittent, continued, and relapsing.

Next follow the complications of fever, as resulting from special tendencies on the part of the disease, as bronchitis in measles, or on the part of the patient, or from epidemic influences prevailing. Others occur frequently in almost any kind of fever, the most important of which are cerebral and pulmonary complications. Upon the first there are some very excellent practical remarks:—

"We have two forms of cerebral complication, consisting the first in determination of blood to the brain, the second in congestion; the first being attended by maniacal excitement, the second by stupor deepening into coma; and the one will lapse into the other. In the *first form* there are flushed face, red eye, and a violent, fierce delirium. This is generally implanted on the inflammatory type of fever. * * * One of the commonest symptoms we meet in fever is headache, but that is no certain sign of determination of blood to the brain. Generally when a patient begins to be delirious, headache is no longer complained of; and it is remarked, and I believe with justice, that if he still complain of headache through his delirium, you have good reason to fear that there is actual determination of blood to the brain, if not inflammatory action there. Mere headache is like pain in the back in fever. In all these cases let the head be shaved, let leeches be applied if necessary, but in moderate number, and apply cold to the head by clothes kept continually wet. Quiet the pulse with aconite [*veratrum viride*?] or with antimony, if the patient's bowels are not irritable. * * *

"In the most part the patients in these circumstances die comatose, gradually falling into the *second form* of cerebral complication, which resembles in many points poisoning by opium; stupor insidiously comes on, gradually deepening down upon the patient. At first you can rouse him; by-and-by you cannot rouse him at all; ere long he dies in coma. * * * How are we to treat this congestive form of head complication? Usually the patient is too weak for any depressing remedy, so that leeching is out of the question. Blistering is our sheet anchor, but the blister must be a large one. See that it be large enough to

* We will not stop here to inquire whether the essence of this form is really congestion, or not—whether the derangement is in the vessels or the nerves—a question which is agitated by Mr. Martin in his work on the influence of Tropical Climates. The term *depression* well represents to the practitioner the state of the patient.

cover the head from the brow to the occiput; this sometimes marvellously removes the coma. There are two substances, anti-narcotics they might be called, which may be used in this form of cerebral affection. A strong infusion of *green tea* is sometimes useful in helping to bring the patient out of stupor; and as regards *turpentine*, I presume that it acts the part of an alterative astringent, and forces the blood out of the congested organ, or produces, as in purpura and syphilitic iritis, some unknown specific change upon the poisoned fluid."

Of the efficacy of blisters to the scalp in these circumstances we can bear strong testimony from experience gathered in an epidemic of enteric fever. Yet in these days of homoeopathic proclivities active remedies are not in favor with the public even in violent diseases, and frequently the patient is deprived of the chance of cure by the prejudices of his friends.

The pulmonary complication of fever is perhaps more important than the cerebral—the greater frequency of its occurrence and its insidious approach more than balancing the greater danger of the head affection. The lung as complication is generally congestive in nature, but rarely passing into inflammation—arising "from the loss of tone of the capillary vessels consequent upon the action of the fever poison, and from gravitation, as the patient constantly lies upon his back." The relative frequency of respiration in comparison with the contractions of the heart is pointed out as a valuable indication of the presence of the complication when it is not shown by pain, cough, or want of breath. Also the point is impressed that if the respiratory murmur is found puerile in front we may be sure of the lungs being implicated in their posterior portions, although the patient be so weak as to prevent us from making a direct examination of the dorsal region of the chest.

"The treatment of this complication is very difficult. We have to deal with the debility and want of tone of the vessels. * * * Besides alcoholic stimulants with decoction of senega, carbonate of ammonia and camphor are perhaps our most valuable remedies, with, locally, dry cupping and turpentine stupes; while blisters may be applied, for a short time only, so as to produce a powerful derivation to the surface. Oil of turpentine, in doses of twenty minims, is sometimes as useful in this as in other asthenic congestions of fever; and if suffocation be threatened by the gathering mucus of the smaller bronchi, an emetic of sulphate of zinc or mustard may, for the time at least, ward off the danger. If the dulness on percussion be so marked as to prove that there is typhoid pneumonia, I believe the best additional thing we can do, is to give the patient whatever chance of benefit there may be in the mercurial action; and that blue pill, and squill with quinine, may yet save him. There is nothing contradictory in combining tonics and stimulants with mercury."

To this follows a consideration of the sequelæ of fever, as erysipelas, cedema of the glottis, inflammation of the parotid gland, etc., and then a chapter on the general management of fever cases, and of convalescence, in which the student will find many valuable practical hints.

(To be continued.)

Correspondence.

FEEES FOR MAKING AUTOPSIES.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In looking over the Report of the Board of Supervisors, just published, I find numerous charges for *post-mortem examinations*, made by various physicians during the year. It is understood that most, if not all, of these autopsies were made by order of the coroners, and the fee for this service varies from five dollars (the ordinary rate allowed) up to one hundred and fifty dollars, which is *extraordinary*. Why this great difference in the compensation? While, on the one hand, the house-physicians and surgeons of our hospitals are allowed but five dollars (which is no compensation for their time and trouble, not to speak of their attendance upon the courts of justice), especially

in cases of homicide, it appears, on the other hand, that certain friends of the Coroner, or Supervisors, may be allowed any sum which they may see fit to demand.

We think that the physician has a just claim for ample compensation in these cases, some of which demand much time and minute examination, and that in obscure cases, requiring the services of an expert, he should be allowed extra compensation. It has, I think, been the usage in this city, not to make any charge for autopsies in private practice, unless made for special reasons, by request of friends.

Now the great burden falls to the lot of the hospital staff, in our public institutions; and we are informed that for this service five dollars is all that is allowed by the coroner in such case, including, of course, the attendance of the physician in court, in criminal cases, by which much valuable time is lost. Attempts have frequently been made to remedy this evil, but hitherto without success. Why should the paltry pittance of five dollars be doled out to an over-worked junior, while the extraordinary sum of one hundred and fifty dollars is cheerfully allowed to a senior practitioner? Cannot a more uniform rate be allowed in these cases, which, while it should be satisfactory to the profession as a body, will, at the same time, protect the community from extortionate charges.

A TAX PAYER.

STRICTURE OF THE URETHRA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—MANY years ago, while assistant to Mr. Ringrose, an excellent country surgeon in England, a man presented himself with spasmodic stricture. Every effort to relieve him having failed, Mr. R., without hesitation, introduced a small canula and trocar just over the pubes, in the median line, and drew off the water, and keeping him on his back, left the canula in for twenty-four hours. Meanwhile, the urine had resumed its natural course. On withdrawing the canula the aperture closed, and not the slightest inconvenience was experienced. In the case of Matthew L., reported at Bellevue Hospital, in your number of January 4, nothing prevented me from adopting the above method, but the fact that the relief could only be temporary. After learning the circumstances of the case, and carefully trying every catheter, from No. 1 up, I suggested his immediate removal to the hospital for general treatment, he living at a distance of six miles from this place.

Yours, etc.,

EDMUND ARNOLD.

YONKERS, Jan. 7, 1862.

Medical News.

THE ARMY IN WESTERN VIRGINIA.—The *Buffalo Medical Journal*, for January, 1862, contains a letter from a soldier in the army of Western Virginia, translated from a German paper, giving an account of the abuses to which the army is subjected, by sutlers, surgeons, etc. "In the hospitals at Sutton," he says, "it was horrible to see these unfortunates lying scattered upon the floor, without receiving proper treatment and medicines, and without hardly ever being asked or examined where and from what they suffered; did not deem it necessary to examine the patients, but contented with asking the Steward 'How are they all this morning?' to which he received the usual reply, 'All right!' except some had grown seriously worse, and some had died during the night." The writer bears testimony to the efficiency and kindness to the sick of Dr. CHARLES R. MINNE, U.S.A., son of the eminent surgeon of Buffalo. This young surgeon was on Gen. McClellan's Staff in Western Virginia, and is rapidly acquiring an enduring reputation.

ERRATUM.—Last line in Dr. Martin's paper (p. 86), read "oblique uterus" instead of "oblique pelvis."

PUBLICATIONS RECEIVED.

Transactions of the Medical and Physical Society of Bombay. No. VI, New Series. For the year 1890. Bombay: 1891.

Indian Annals of Medical Science.

The Excision of Joints. By Richard M. Hodges, M.D. Boston: 1891.

MEDICAL DIARY OF THE WEEK.

Monday, Jan. 27.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M.
Tuesday, Jan. 28.	{ NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, Jan. 29.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1a. Hos., half-past 1 P.M.
Thursday, Jan. 30.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, Jan. 31.	{ NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, Dr. Noyes, half-past 1 P.M.
Saturday, Feb. 1.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

NEW JERSEY STATE MEDICAL SOCIETY.—*The next annual meeting of the New Jersey State Medical Society, will be held in New Brunswick, N. J., commencing Tuesday, Jan. 28, at 7½ P.M.*

By HENRY H. LEEDS & Co.

On WEDNESDAY EVENING, JAN. 29th, at 7½ o'clock, at the residence No. 88 Fifth Avenue, near 14th Street.

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Broussais's Médecine Physiologique,
Scarpa's Traité des Hernies,
Traité d'Anatomie Descriptive,
Fifty-eight Vols. Johnson's Medico-Chirurgical Review,
On Dislocations and Fractures of the Joints, Sir Astley Cooper,
Bell's Anatomy,
Spurzheim, on the Anatomy of the Brain,
Lizars' Anatomical Plates.
The New York Journal of Medicine, complete for the years 1844 to 1890.
The British and Foreign Medico-Chirurgical Review, complete for 1892 to 1890.

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situation with an old practitioner, or any one who has more practice than he desires to attend to, with a view to purchase an interest or the whole of same business. Or would purchase a physician's practice after giving it a trial, and becoming satisfied of its worth.
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Rensselaer Polytechnic Institute,
Troy, N. Y.—The seventy-sixth semi-annual session of this Institution for instruction in the Mathematical, Physical, and Natural Sciences, will commence Feb. 19th, 1893. A full course in Military Science is now in progress.

Further information, with the Annual Register, can be obtained of PROF. CHARLES DROWNE, Director.

Medical Society of the State of New York.—Pursuant to Statute, the Fifty-fifth Annual Meeting of the Medical Society of the State of New York, will be held on the first Tuesday of February next (Tuesday, February 4th, 1893), in the City of Albany. The meeting will be held in the City Hall.

SYLVESTER D. WILLARD, M.D., SECRETARY.

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JUST RECEIVED, COMPLETE COLLECTIONS OF THE ENGLISH GOVERNMENT REPORTS ON THE MILITARY MEDICAL DEPARTMENT, VIZ.:

Medical and Surgical History of the
British Army, which served in Turkey and the Crimea during the War against Russia in the years 1854-5-6. 2 vols. 4to. London, 1858. \$12.50.

Report of the Commissioners ap-
pointed to inquire into the regulations affecting the Sanitary Condition of the British Army, the Organization of Military Hospitals, and the Treatment of the Sick and Wounded; with Evidence and Appendix. 4to. London, 1853. \$10.

Report of the Proceedings of the
Sanitary Commission despatched to the Seat of War in the East, in 1855-56. 8vo. London, 1857. \$4.

Statistical, Sanitary, and Medical
Reports of the British Army, for the year 1859. London, 1861. \$2.50.

General Report of the Commission
appointed for Improving the Sanitary Condition of Barracks and Hospitals in the British Army. Folio. London, 1861. \$2.50.

As these Reports are now difficult to be procured, intending purchasers are requested to make early application for them.

Armand, Histoire Medico-Chirurgi-
cale de la Guerre de Crimée. 8vo. Paris. \$1.85

Baudens.—La Guerre de Crimée, les
Campements, les abris, les ambulances, les hôpitaux, &c., &c. Second edition, 12mo. Paris, 1858. \$1.

Bertheraud.—Campagne d'Italie de
1859. Lettres Medico-Chirurgicales écrites du Grand-Quartier général de l'armée. 12mo. Paris, 1860. \$1.00.

Bertheraud. Campagnes de Kabylie.
Histoire Medico-Chirurgicale des Expéditions de 1854, 1855, and 1857. 8vo. Paris, 1862. \$1.80.

Boudin.—Resumes des dispositions
legales et réglementaires qui président aux opérations médicales du recrutement, de la réforme et de la retraite dans l'armée de terre. 8vo. Paris. 50 cts.

Boudin.—Système des Ambulances
des Armées Françaises et Anglaises. 8vo. Paris. 87 cts.

Boudin.—Souvenirs de la Campagne
d'Italie. 8vo. Paris. 75 cts.

Cazalas. Maladies de l'Armée
d'Orient. Campagne de 1854-55-56. 8vo. Paris, 1860. \$1.25.

Fraser. A Treatise upon Penetrating
Wounds of the Chest. 8vo. London, 1859. \$1.60.

Gross, S. D.—A Manual of Military
SURGERY; or, Hints on the Emergencies of Field, Camp, and Hospital Practice. 24mo. Philadelphia. 50 cents.

Guthrie.—Commentaries on the Sur-
GERY OF THE WAR IN PORTUGAL, SPAIN, FRANCE, and the NETHERLANDS. With Additions relating to the War in the Crimea. 8vo. London. \$4.65.

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Original Lectures.

CLINICAL LECTURES ON THE PUERPERAL DISEASES.

DELIVERED AT THE
BELLEVUE HOSPITAL MEDICAL COLLEGE.

By B. FORDYCE BARKER, M.D.,

PROFESSOR OF MIDWIFERY AND DISEASES OF WOMEN, ETC., ETC.

LECTURE I.—PART II.

ON PUERPERAL CONVALESCENCE.

The Lochia.—The lochial discharge usually decreases in a very marked degree for a few hours on the second or third day, during the existence of what is termed the milk fever. It is sometimes entirely suspended at this time, and the nurse should be prepared by your instructions for such an occurrence. The turpentine stupe placed over the hypogastrium, and retained as long as the patient can bear it, will usually restore the discharge. On the other hand, the sanguineous discharge may continue too long and be of too bright a color. Examine the uterus and ascertain whether its size is progressively decreasing. Keep your patient rigidly in the horizontal position, and free from all emotional excitement. If the uterus remains so enlarged, that it can be readily felt above the pubes, you will probably find it useful to give her half a teaspoonful of Squibb's fluid extract of ergot, every two hours; and if she be of a delicate habit and anæmic constitution, tonics are indicated. I shall occasionally give you formulas for prescriptions, that you may become familiar with my mode of prescribing. I trust that this will not lead you to become routine practitioners, as it surely will not, if you form the habit of carefully analysing every formula to ascertain the special indications fulfilled by each article in the combination. Well then, you have a feeble, delicate, anæmic patient, and the lochial discharge continues profuse and of a bright color, six or eight days after labor. You find the uterus remaining above the pubes, nearly as large as a child's head. You give her ergot, as I before described, and, in addition, you make a prescription something like the following:—*R.* Quinæ sulph. \mathfrak{zj} .; ferri sulph., gr. xij.; ext. nucis vomicæ, pulv. capsici, \mathfrak{aa} , gr. vj.; *M.* Ft. pil. (argenti.), No. 12. S. one three times a day, directly after eating. Now, ask yourselves what is the object of the quinine, the iron, the nux vomica, the capsicum? I have seen, quite frequently, this condition associated with a very profuse lactation, which is an additional drain upon the system, and the patient is nervous, irritable, and suffers from headache and insomnia. Now, what advantage will you obtain by adding to the above formula four grains of opium? She will then take one-third of a grain in each pill, or a grain in the twenty-four hours.

In some, fortunately rare cases, a profuse and dangerous discharge of blood may come on some days after delivery. This has been termed *secondary hæmorrhage*, and it is all-important to determine the cause from which this accident has arisen. It may arise from simple relaxation of the uterus; second, from premature exertion or excitement of the patient; third, from retention of a coagulum or some portion of the secundines; fourth, from polypus, submucous fibrous tumor of the uterus, or some malignant disease of the uterus; or, fifth, from partial or complete inversion of the organ.

The normal duration of the lochia varies greatly in different individuals. Sometimes the nurse, and even the patient herself, are greatly alarmed from an apprehension that the lochia have ceased at too early a period after delivery. The early cessation of the lochia, unaccompanied by any other symptom of puerperal disturbance, is not a cause for anxiety, but it may be a symptom of great importance

in connexion with the various puerperal diseases which we shall study by-and-by. It is well to remember that, just as in abortion, if the ovum be some time dead, previous to its expulsion, there is usually very little hæmorrhage; so at full term, if a woman is delivered of a child which has been some days dead, the lochial discharge is usually much less, and ceases at an earlier period than ordinary.

Retention of Urine.—Before leaving a woman who has just been delivered, I am always very particular to direct the nurse to try and induce her to pass the urine within a few hours. The application of a warm cloth to the vulva will facilitate this effort. Sometimes by turning the patient upon her face and knees she may be able to accomplish this when she could not in any other posture; but she should not be allowed to exhaust herself in fruitless efforts to accomplish this end. This retention may be due to loss of contractility of the muscular tissue of the bladder, a kind of paralysis from over distension, or to a mechanical obstruction, the meatus or urethra being closed by tumefaction. The first condition is usually relieved by giving the patient, every fifteen minutes, for an hour or two, twenty drops of the fluid extract of ergot. After delivery, especially if the second stage be long, I always examine the bladder before leaving my patient, and if I have reason to suspect that it contains much urine, I give the nurse some ergot with directions as to its use. It is, therefore, very rarely that I am compelled to use the catheter in the puerperal woman; but where the retention is due to the second cause mentioned, the catheter is the only resource. As your text-books give you minute directions as to the guides for introducing this instrument, I shall not detain you by a repetition of these rules. I will only suggest to you the great advantage of your becoming perfectly familiar with these guides by the sense of touch, by availing yourselves of every opportunity for practice on the cadaver. When necessary, the catheter should be used every eight hours, until the patient is able to relieve herself. It sometimes happens that the physician may be misled by the unintentional misrepresentations of the nurse and of the patient herself, as in the following case:—I was called last winter, in consultation with an excellent physician, and highly esteemed friend, to see a young lady aged nineteen, whose first labor had terminated fifty-two hours before I saw her. She had slept none since her delivery, and I found her with a very sharp irritable pulse, hot skin, flushed face, red eyes, excited manner, and tympanitic abdomen. She complained of violent headache and intense pain over the hypogastrium, and for some hours previous to my seeing her, she had been frequently delirious for a few minutes at a time. My friend, who was in attendance, in answer to repeated inquiries, had been assured, both by the nurse and the patient herself, that she had passed urine many times since her delivery, and that "there was no difficulty in that respect." A thorough and careful palpation of the abdomen was very difficult, on account of the great tympanites and exquisite tenderness on pressure, but I thought that I was able to detect above the pubes the outline of a large elastic tumor, quite different from the uterine tumor, which, at this period, I ought to be able clearly to define.

I therefore asked permission to introduce a catheter, and drew off over five pints of very offensive urine. An anodyne was then given, the catheter was used every eight hours for a few days, and the subsequent convalescence was uninterrupted by a single unpleasant symptom. In our lying-in wards in this hospital, although our house staff are usually on their guard as to this source of error, I have in two instances found a large quantity of urine in the bladder, the house physician having accepted the statement of the patient that she had passed water very frequently. I learned a lesson on this point some sixteen years ago. I was asked by one of my confrères in the town where I resided, to make a post-mortem examination of a woman who had died a few days after her confinement. He attributed her death to some obscure cerebral disease, but he also said that severe peritonitis came on soon after her con-

finement, which he had successfully combated by venesection, blisters, and calomel and opium. For my present purpose, it is not necessary for me to detail the results of the autopsy, further than to say that I found in the bladder nearly a gallon of urine. This was considered very curious, particularly as the patient had passed water very frequently from the time of her confinement up to within a few hours of her death. It was not for me to wound the feelings of my friend, who was many years my senior, by unkind comments, but I internally drew my own inferences, and in my own mind "made a note of it." Enough has been said to lead you to see the necessity for making a careful examination of the abdomen after confinement.

Laxatives.—In most women, after confinement, the bowels are not opened until some means for this purpose are used, and castor oil is the article which is undoubtedly more frequently given than anything else. I suppose that three-fourths of all the women confined in this country, take a dose of castor oil on the second or third day after delivery. Now I do not consider this routine practice judicious. Many patients do not require any laxative, the bowels acting spontaneously on the second or third day. I therefore wait for some indication of the necessity for such an agent before prescribing one, and then I very rarely select castor oil, for the following reasons:—It is to most patients an exceedingly nauseous disagreeable medicine to take, and where there is any tendency to piles, which is very frequently the case after labor, it is one of the worst agents that you can select. I have frequently observed severe suffering from piles, following the evacuation of the bowels from a dose of castor oil. For these reasons I have therefore almost wholly given up its use as a laxative after confinement. The selection of the agent must depend upon the special indication in each individual case. If a laxative is required simply on account of torpor of the bowels, an enema of warm water and castile soap, thrown up the rectum very slowly and gently, is much better than any medicine administered by the mouth; or if the patient has a great aversion to an enema, as some have, the following pills, taken directly after breakfast, will usually act efficiently and without pain:—*R. Ext. colocynth co., pulv. rhei (Turk.), aa, gr. iij.; ext. hyoscyami, gr. ij.; ext. nucis vomicæ (alcoh.), gr. j.; ol. caryoph., gtt. j.; M. Ft. pil. No. 3.* Let me here state that laxative medicine should always be given to the puerperal woman in the morning. Where the laxative is needed, and there are flatulence and severe after-pains in consequence, I have found the following an excellent combination:—*R. Fld. ext. sennæ, syr. zingib. aa, 3 vj.; tinct. jalap. 3 ss; tinct. nucis vomicæ, gtt. xl.; M. S. a tablespoonful in a wineglass of water.* If the derivative action of a cathartic is needed on account of milk fever, the symptoms of which I shall presently describe, two or three of the compound cathartic pills of the U. S. Dispensatory are perhaps the best agent that you can select. But if your patient has any tendency to or has suffered from piles, I am sure that you will find the following combination invaluable:—*R. Magnesiae sulph., magnesiae carb., sulphur. sublim., potass. sup.-tart., aa, 3 ss. M. bene. S. one or two teaspoonfuls of the powder in any agreeable vehicle.*

Piles are very common during pregnancy, and in some cases where they did not exist during pregnancy they come on after delivery, add greatly to the suffering of the patient, and seriously interrupt convalescence.

You know that they are sometimes external, arising from the orifice of the anus. If these become inflamed and very tender, a soft bread-and-milk poultice, with a teaspoonful of the aqueous extract of opium, should be applied, and renewed two or three times a day. It may sometimes be necessary to scarify them, or, if a coagulum is formed, the tumor should be laid open with a lancet, and the contents turned out. After the inflammation has subsided, the ung. galles comp. may be smeared over them two or three times a day, which will generally reduce their size and hasten their disappearance. The internal piles are the most painful, as they form within the sphincter and are forced down

when the bowels are moved and remain outside. They are grasped by the sphincter and strangulated. Whenever they come down they should be at once returned within the sphincter, by careful, gentle, but firm manipulation. By this management, in connexion with the laxative that I have before mentioned, your patient will rarely suffer much from internal piles. But you see that it is always your duty to make a careful examination to ascertain whether the piles are external or internal.

The subject of my next lecture will be *Lactation*, which will of course include milk fever, sore nipples, and mammary abscess.

Original Communications.

MEDICO-LEGAL POINTS

IN A CASE OF

SUSPECTED HOMICIDAL CUT THROAT,

AS PRESENTED AT A MEETING OF THE NEW YORK ACADEMY OF MEDICINE, HELD DEC. 18, 1861.

By A. CLARK, M.D.,

PROFESSOR OF PATHOLOGY AND PRACTICE OF MEDICINE IN THE COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

(Continued from page 50.)

BLOODY FLUID IN THE PLEURITIC CAVITIES.

AN important point in this case seems to have been, that the effusion in the pleuritic cavities must have taken place prior to the cut in the neck. Here, so far as I can ascertain, is raised for the first time the question, whether suffocation can produce bloody effusion into these cavities. It becomes interesting to inquire whether there is any precedent for such an opinion. I have searched through the ample records of suffocation, hanging, drowning, and strangulation, and through essays devoted to these subjects, and have failed to find a single instance. Cazauvielh "On Suicide," reporting in detail fourteen cases of strangulation and submersion, noticing the thoracic organs in every instance, makes no mention of such an effusion. Brière de Boismont (*Annales d'Hygiène*, xl. 425) in a summary of remarkable things noted in 797 Procès-Verbaux of cases of strangulation and suspension, makes no allusion to any such occurrence; the examination in all these cases being soon after death. Olivier de Angers (*Annales d'Hygiène*, xviii. 845) examined sixteen of the twenty-three persons suffocated by pressure in the Champs de Mars on the 14th of June, 1837, and found effusion of blood in the pleura in none, though ribs were broken in seven from two to thirteen in each.

It seems, then, to be safe to infer that neither blood nor bloody effusion in the pleuritic cavities is ever the direct result of suspended respiration, no matter how produced; that when such effusion is found, excepting when attended by laceration of the lung through violence, it is always either a pathological condition and attended by particular symptoms during life, or a post-mortem result, that may be considered in the light of a drainage. Even in drowned persons, in whom it is most frequently met with, there is no evidence that it is ever observed till after days, and many times weeks, have elapsed.

Devergie remarks (*Annales d'Hygiène*, xvi. 444) that bloody effusions, the result of decomposition, are very common, always in serous cavities, the pleura, pericardium, and sometimes in the peritoneum. They are the result of decomposed blood, which is very fluid, and transudes the tissues, staining them, and occur only after the generation of gas.

Devergie and Orfila are the authors to whom we are chiefly indebted for a knowledge of the fact here referred to. Devergie (*Annales d'Hygiène*, ii. 164) made examinations of sixty-two bodies of persons found drowned, and

took note of the condition of the thoracic cavities in each. Of these forty-five were recognised, and their histories consequently known. The examinations were made in the months of January, February, March, and April, that is, in the cold season of the year. He found at the end of a month of submersion, that the lungs were very emphysematous, filling the cavity of the chest, and extending more or less in advance of the pericardium. At the end of *two months* the cellular tissue in many parts had imbibed the blood of the adjoining vessels, and had become of a uniform red color. Veins had become emptied of blood, and ordinarily were distended with gas. The arteries were red by imbibition through their walls; the pericardium partaking of the color of the arteries, containing bloody serum. In *three months and a half* the lungs no longer filled the cavity of the chest; the space between them and the pleura costalis was filled with reddish serosity, and the serum in the pericardium was less than at earlier periods, was also less liquid, and of a deeper color. At *four months and a half* the pleura contained a large quantity of brownish serosity, at least a pound in each.

He remarks that these effusions are almost constant in the drowned, when the bodies have remained more than six weeks in the water, and expresses his belief that they are the results of transudation of the blood and liquids of the vessels in consequence of the development of gas in these tubes. Yet, he remarks, these gases did not remain there always, for after four months and a half the walls of the vessels were effaced and collapsed on each other. That these effusions, however, are not in the drowned purely the result of drainage, is rendered probable by a case recorded by Alexander Watson, in which it is stated that a man thirty-five years of age was drunk, and fought with several persons, and disappeared March 12, 1833, and eight days after was found in a pool of water, at a depth of twenty-eight or thirty feet, with marks of violence upon his head, and other signs which gave rise to the suspicion that he had been murdered, and afterwards thrown into the water. "Eight pounds of fluid blood were taken out from the cavities of the pleura, and several ounces of the same fluid were found in the pericardium." The specific gravity of this fluid is reported to have been 1011. This statement proves conclusively that the fluid was not blood; even that it was not undiluted serum retaining the color of blood. The specific gravity of blood is 1050 to 1057 in health, and in disease it does not fall below 1031: that of serum varies from 1021 to 1030, the healthy standard being 1027. In dropsies, in diseases of the kidney, and after profuse hæmorrhage, it has not been found below 1013. There is no reason to infer that the serum in this man would fall below the healthy standard: blood must have been diluted by four times its bulk of water to have reached the specific gravity here mentioned, and the bulk of serum must have been doubled to have reached the same standard.

But these effusions are not confined to the drowned. Orfila (*Annales d'Hygiène*, iv. 114), in judicial examinations, has often seen this fluid in the pericardium, and has found the blood black and fluid in the vessels for one to eight months after death. He appears to have met with effusion in the pericardium more frequently than in the pleura. In his *Exhumations Juridiques* (*Médecine Légale*, vol. i. p. 405, fourth edition), however, he reports several instances in which the fluid was found in the latter cavities. *Necroscopy 1.*—Eighteen days after death a considerable quantity of bloody serum was found in both pleuritic cavities; the person had died of double pneumonia. *Necroscopy 2.*—Thirty-seven days after death there was also double effusion of a similar character. The person was supposed to have died of pneumonia, which, however, was single. It was also found in the pericardium. *Necroscopy 5.*—One hundred and twenty-four days after death a similar effusion was found in the pericardium, and not in the pleura, the person having died of pneumonia. *Necroscopy 27.*—Thirty-two days after death, eight ounces of bloody serum were found in each pleural cavity. The person had died of apo-

plexy. He also reports the case of a drowned person, who nineteen days after death had eight ounces of bloody fluid in the right pleura, and none in the left.

Prof. Toulmouche (*Annales d'Hygiène*, July, 1860, p. 210), in his report of judicial autopsies made in cases of natural death, found bloody fluid in the thoracic cavity in three out of ten cases recorded. Thus in *Case 4*, in the right pleuritic cavity there was a moderate effusion of bloody serum. The lung of this side was in a condition which led the reporter to believe that the patient had died of pneumonia. He does not state how long the body had been buried. *Case 5*, which has its duplicate, was in an advanced state of decomposition; there was emphysema under the surface tissues, blisters in all parts filled with bloody serum, adhesions on the entire face of the left lung, and a small quantity of reddish fluid in the pleuritic cavity of that side. There was pneumonia of both lungs, but no bloody effusion is reported on the right side.

It will be noticed that in many of these cases the lungs may be supposed to have been more than usually charged with blood at the time of death. And it cannot be denied that both reason and observation would lead us to expect such effusions most frequently in such cases; still it is to be noticed that even in the cases here referred to, drainage is recorded from lungs that were not diseased, and not supposed to have been engorged in any unusual degree.

That drainage may occur from such lungs appears still further evident from a case reported by Champouillon (*Annales d'Hygiène*, xxxiv. 377). It was that of a soldier in Algeria, who lacking courage to accompany his comrades in a charge, allowed himself to fall from his horse in a marsh. He remained there for several hours, and a few days after died of malignant miasmatic fever. At post-mortem examination, fourteen hours after death, the weather being warm (June 10), the body was much discolored by decomposition; many parts were swollen by gaseous evolutions, and were crepitant on pressure of the fingers. His lungs were highly emphysematous, and pushed out of the open thorax. The pleura pulmonales were lifted here and there by the evolution of gas. In each of the pleural cavities there was a sero-sanguinolent fluid, the quantity of which was estimated at two litres, or about four pints, and this fluid was covered by an oleaginous layer of considerable thickness. The peritoneal cavity contained about half a litre (one pint) of the same kind of fluid, without the oily matter.

Gendrin injected into the groin of a cat, blood taken from a butcher, who had been attacked with gangrenous pustule and putrid fever. The animal died in a short time: a few hours after the body was sensibly fetid. At the autopsy there was found in the left pleura "black blood very serous."

Devergie (*Annales d'Hygiène*, iv. 203) discovered bloody fluid in the thoracic cavity of a fetus at term, that had not breathed, but had lain in the water six or eight days. These cases and statements embrace nearly all that I have been able to find bearing upon the post-mortem drainage of the lungs while yet in the natural cavities, but it has appeared to me important to ascertain what quantity of fluids may percolate the tissues of the lungs and pleura after death, from lungs regarded in all respects as healthy when removed from the body. To this end I have instituted a few experiments.

The following will be sufficient to illustrate the points these experiments may settle.

I. A woman, sixty years of age, weighing ninety pounds, died on the 17th of May, 1860. The right lung appeared perfectly healthy; weighed seventeen ounces, displaced f. 3 xxxvij. of water, giving a specific gravity of '442. The root of the lung was firmly tied, and the organ was placed, root uppermost, in a glass jar, and carefully covered. The drainage in ten days was four ounces of a dark, bloody serum. The left lung, weighing twenty ounces, was thought to be slightly congested, and was not used for the experiment.

II. A woman, æt. 25, died April 6, 1860, of mania, each

lung weighing fourteen and a half ounces. The left lung displaced f. $\frac{3}{4}$ xviii of water, giving a specific gravity of .797; the right displaced f. $\frac{3}{4}$ xxj. having a specific gravity of .663. The root of this lung was tied, and the organ suspended by the ligature in a glass-stoppered jar, and the drainage in seventeen days was f. $\frac{3}{4}$ iij. and f. $\frac{3}{4}$ j. The weather being a part of the time hot, decomposition was now advancing, and the experiment was suspended.

III. A woman, æt. 50, weighing one hundred and twenty-one pounds, died, having pneumonia of the right lung. The left lung appearing perfectly healthy, weighed seventeen and a half ounces, and displaced f. $\frac{3}{4}$ xxvj. of water, giving a specific gravity of .644. It was tied and suspended as in the last experiment in a stoppered jar. In fourteen days the drainage was f. $\frac{3}{4}$ viiss. The lung then weighed nine and three quarter ounces, and displaced f. $\frac{3}{4}$ xivss., the specific gravity being then .653.

IV. The fourth experiment was conducted for me by Dr. Segur. A woman, æt. 21, weight estimated at one hundred and ten pounds, died of meningitis. The right lung weighed thirteen and a half ounces, and displaced f. $\frac{3}{4}$ xviii. ounces, giving a specific gravity of .729. Suspended in a stoppered jar for fifty-five days the drainage was f. $\frac{3}{4}$ ixss.; the lung then weighed four and a quarter ounces, and displaced f. $\frac{3}{4}$ vj. of water; the specific gravity being then .680. Here it will be seen that in fifty-five days more than two-thirds of the ordinary weight of the lung has drained from it in fluid matter, leaving the lung tissue not yet dried weighing no more than four and a quarter ounces.

These experiments illustrate what may take place within the body after gaseous matter has been developed to some extent in the pleuritic cavities and in the vessels of the lungs to facilitate the transudation of the fluids. It will be borne in mind that while it is denied that the lungs, in the case which is the occasion of these remarks, were congested in the sense in which that term is usually used, that is, that the vessels at the time of death contained more than their usual quantity of blood, yet it is not denied that they contained more of this fluid than would have been looked for had the woman died of hæmorrhage from the femoral artery or other vessels, the severing of which did not imply the severing of the trachea.

PULMONARY APOPLEXY.

It was claimed by the prosecution that in the right lung there were several points of pulmonary apoplexy, and that statement was admitted as true on inspection of the part of the lung. The explanation given by the prosecution and defence was very different; the former claiming that these effusions were the result of suffocation; the latter, that so far from having been produced by this cause, their very existence proved that no suffocation had been attempted. No cases were cited, and it is believed that no instance can be found in which suffocation has produced circumscribed pulmonary apoplexy. If the explanation which Watson (*Pract. Phys.*, 3d Amer. Ed., p. 613) and Carswell (*Path. Anat.*, part Hæmorrhage) have given of this occurrence is admitted, it will appear obvious that the fact is inconsistent with asphyxia in any form. Watson, speaking of the ordinary occurrence of pulmonary apoplexy, says: "The seat of the effusion is in one or more of the larger branches of the air tubes and the blood, or a part of it is driven backwards into certain of the pulmonary lobules by convulsive efforts to respire. * * * It is easy to understand how certain portions of the lung, without undergoing any actual change of condition, may be so choked up and crammed with blood as to preclude any subsequent admission of air." He here speaks of the variety called circumscribed apoplexy of the lung, which was the variety observed in the lung in question. This choking up and cramming with blood is a filling of the air cells of the lungs. This can be made evident by the same procedure by which we determine the seat of the effusion in pneumonia: by the aid of a lens the little coagulum formed in a single air cell can be turned out with the point of a needle

and its character ascertained under a microscope, and thin sections of pulmonary apoplexy under the microscope can be easily made to show that it is the air cells that contain the blood and not the general tissue of the lung. Now it is claimed that pulmonary apoplexy of this variety can be produced in cut throats merely by a forcible inspiration taking place while the trachea is more or less filled with blood from the cut, and inasmuch as "convulsive efforts to respire" are necessary so to fill the air cells, it is plain that such efforts are not likely to take place during an attempt at homicidal suffocation; and further, on this supposition there is no source from which the blood can flow to be drawn into the lungs. Those who have noticed the effect of cutting the trachea and large vessels of the neck in the inferior animals will easily understand this. After the wound is made, for some seconds there is no effort at inspiration, but before death takes place there are usually three or more, and one or more of these will be observed to be convulsive and noisy from the blood that has already entered the severed windpipe; and as an observed fact circumscribed apoplexy of the lung does take place in these animals under these circumstances, and will occur in the right lung when the body of the animal is inclined to the right, or in the left lung when inclined to left.

In confirmation of this view of pulmonary apoplexy, I may be permitted to cite a case that occurred under my own observation. At Bellevue Hospital, some years ago, we had a patient who had occasional vomitings of blood, from ulcer of the stomach. One day, while enjoying the sun and air on the south side of the building, sitting with other patients on a bench, he suddenly discharged from his stomach a large quantity of blood. A loud gurgling noise was heard in his breathing, and he fell dead. At post-mortem examination, coagulated blood was found in the stomach. The trachea and bronchial tubes contained frothy blood, and both lungs were studded with numerous masses, large and small, of circumscribed apoplexy. There was no other lesion of the lung. It seems to me clear, that this man, feeling the urgent want of breath while the throat and mouth were full of blood, had drawn this fluid into the lungs by one or more violent inspirations.

(To be continued.)

ON THE USE OF IPECAC IN CHRONIC DYSENTERY AND DIARRHŒA.

By H. D. BULKLEY, M.D.,

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(Read before the New York County Medical Society.)

THE favorable effect of the internal use of ipecac in four cases of chronic dysentery and diarrhœa, under my care at the New York Hospital, during the months of September and October last, leads me to present a short abstract of them, in confirmation of the accounts recently given us by some of the British journals of the use of this article in these forms of disease in the East.

The first case in which I gave it was in a sailor, 27 years of age, who had been suffering from the disease three months, but whose general health had not been materially affected by it. He had had ten to fifteen stools in twenty-four hours at times; and when he entered the hospital, the discharges were still as frequent, and consisted entirely of blood and mucus, with more or less griping pains, and considerable tenesmus. Pulse 84, weak. He was directed to take fifteen drops of laudanum, and to have a sinapism on the epigastric region as a preparatory treatment, and in the course of half an hour, to take ten grains of ipecac in powder at one dose. This was retained, with little or no nausea, and at the end of twelve hours the same dose was repeated, with the same preparatory treatment. The stools became entirely fecal very soon after the first dose, and of a yellow color, and their frequency was very much diminished, and it was not intended that he should have a second dose, but it was repeated before the next visit to

the hospital. The stools were at first thin, but soon became more consistent, until at the end of eight or ten days, when they became almost entirely natural both in color and consistency, no more blood ever having appeared during his stay with us except on two occasions, when a slight coagulated mass of not more than half a teaspoonful appeared on the top of two almost perfectly natural stools. The pain in the abdomen ceased entirely, and his appetite became very good. He continued in this favorable state during the remainder of his stay in the hospital, which we could not induce him to prolong beyond fourteen days, on account of his apparently healthy condition.

The second case was also that of a sailor, 51 years of age, who had contracted dysentery five months previously in the East Indies, and who had suffered from it almost continuously since that time, and to such an extent that while at sea, the discharges from the bowels were almost constantly escaping as he was about his work, and were sometimes bloody and sometimes mucous. He had suffered most of the time from pain in the abdomen, and had lost considerable flesh, though free from any marked fever. On admission into the hospital he complained of much pain and tenderness over the abdomen, and during the first twenty-four hours had eleven or twelve passages from his bowels, the larger proportion of the passages occurring during the night, which was about the average number of passages during the week previous to admission.

He was at once ordered to take fifteen drops of liquor opii sedativus, and to have a sinapism over the epigastrium, and at the end of half an hour to take ten grains of pulverized ipecac at a dose. This was followed by slight nausea, but not by vomiting; and during the following twenty-four hours he had about six discharges from the bowels. He was then directed to take a second dose of ten grains of ipecac, preceded by the same preparatory means, which produced no vomiting. The discharges were then reduced to three in twenty-four hours, and were of a bilious character, though still somewhat thin. At the end of eight days, the report states that his bowels were regular, his appetite good, and that he was fast gaining strength. He was only confined to his bed during the first days of his stay in the hospital. On the twelfth day after his admission he was allowed to visit outside, and the next day he had two or three stools, and complained of some gripping pain in the bowels, but this looseness ceased on the following day. He continued, however, to complain for several days of that gripping which is so common a sequel of dysentery when the discharge of bile becomes free, and irritates the sensitive mucous membrane of the intestines as it passes over them. For this he took a few grains of opium, which, with the two doses of ipecac, and the means used to keep the stomach quiet, was all the medication used. His stay in the hospital was twenty-three days.

The third case was in a female, 35 years of age, suffering from the effects of a severe attack of acute dysentery four months previous, who was much reduced when she entered the hospital, and was having eight to ten discharges from the bowels of a mucous and muco-purulent character. She had had sometimes as many as twenty, and seldom less than eight or ten passages in twenty-four hours. She had severe pain in her bowels whenever they were moved, and also when she ate. She had taken opium outside of the hospital without any benefit. The preparatory treatment by laudanum and a sinapism over the epigastric region, was first used in her case, and then ten grains of ipecac given, which produced vomiting in a few minutes. The next day the ipecac was repeated, after using the same preparatory means, and was also thrown off at the end of twenty minutes; but the character of the stools was entirely changed within the next twenty-four hours. They were carefully inspected for several successive days, and were found to be fecal in their character, and of a healthy color, and soon became of a natural consistence, so that she was in full convalescence in the course of a week, and for the following fortnight she had but one passage daily. The

stools were afterwards somewhat more frequent, but continued of a natural color, and free from blood or mucus. No other medicine was used. The diet in this case consisted of beef-tea, house soup, farinaceous or gelatinous articles, carefully excluding every preparation containing milk. Her appetite continued good all the time.

The fourth case was in a sailor, who had been suffering from chronic diarrhoea for some months, and who had been under the use of tonics for some time in the hospital without much benefit. The only point of interest in his case connected with our present subject is that, after a single dose of ten grains of ipecac, given in the way which has been mentioned, and which produced neither nausea nor vomiting, a dark, unhealthy looking stool was followed the next day by one of a bright yellow color, and that he was much better afterwards, and became so impatient that he left the hospital at the end of a few days more.

The diet in all these cases was either farinaceous or gelatinous, except in that of the female, in which animal broths were given—milk was prohibited in all of them.

My attention was first called to the use of ipecac in these doses in chronic dysentery and diarrhoea by a case stated by Dr. McKidd, in the *Edinburgh Medical Journal* for July, 1861, in which he gave twenty grains (reduced in a few days to ten grains) in the form of pill every twelve hours, with the most remarkable effect to a patient who had suffered from diarrhoea for ten years. The diarrhoea is said to have been almost entirely checked by the end of the first week. The cure had lasted three months when the case was reported.

In the same journal is an article by Dr. Cunningham, of Bengal, who speaks of it more especially in acute dysentery, as confirmatory of the plan of treatment recommended by Surgeon Docker, in 1858. He gives from 3j. to 3iss. of ipecac in powder, after having first given thirty drops of laudanum, and applied a sinapism over the epigastric region for the purpose of making the stomach more tolerant of the remedy.

Dr. E. H. Janes has given a valuable abstract of the treatment of the acute form by large doses of ipecac, with statistics of the results in the third volume of the *MEDICAL TIMES* (page 28, and also page 274) taken chiefly from the *Madras Quarterly Journal of Medical Science*, which contains also an interesting summary of the mode of treatment of this disease in that part of the world. No allusion is made to its use in the chronic form of dysentery and diarrhoea, and it was thought that the preceding cases, though too few in number to form the basis for any statistics, might be the means of directing attention to the use of means which may relieve, at least occasionally, a class of cases known to be among the most obstinate in their resistance to remedies, and which too often go on to a fatal termination with but little if any alleviation.

It is said that the native doctors of Constantinople invariably give large doses of ipecac in dysentery, and that their treatment of it is very successful. They regard milk diet as an absolute poison in its treatment.

THE PRESENT STATUS OF PSYCHOLOGICAL MEDICINE.

By I. PARIGOT, M.D.,

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II.—STATUS OF AMERICAN PSYCHOLOGICAL MEDICINE IN EUROPE.

I TAKE great pleasure in mentioning the general opinion entertained by foreign psychologists of the value of the scientific productions of their American brethren. It is with much satisfaction that we state that science unites what politics endeavor to separate. If West and Central Europe is enabled to appreciate the American writers, it is entirely owing to the English medical press, especially the two journals on psychiatry. A single example will illustrate the influence which they exert on foreign judgment.

The Psychological Journal, edited by Dr. Forbes Winslow, states that American institutes for the insane are in many respects superior to European. The same journal has always entertained the highest esteem for American authors.

When North America was but a colony, psychological medicine must have been in a relative condition to what the science was at that time in the mother country. What indeed must its state have been in this then distant part of the British empire, when, at home, insane people were considered and treated as criminals? It will naturally be asked, Was insanity as prevalent at that time as it is now? It certainly could not have been, and for many reasons: First, emigration took place for a very different cause than now. Those who left their country were, at that time, generally speaking, men full of energy, who sought only for a place where they could enjoy civil and religious liberty. Then also, labor, temperance, firmness in design, resolution in action, and submission to the will of God, were sufficient to dispel many moral causes of insanity. Under such circumstances the strength of bodily constitution probably enabled them to resist many causes of degeneracy—causes to which society seems to yield in our time. At all events, insanity was not very prevalent, much later, in proportion to the increase of population; for but one asylum, specially designed for the insane, existed as late as 1815; this was at Williamsburg, Virginia. In the other States, the poor were received in general hospitals, or kept in work-houses or in prisons, etc.

It is about that time that the celebrated Benjamin Rust published his work, entitled *Medical Inquiries upon the Diseases of the Mind*. Nothing is more simple and grand than the exordium of this book, and exhibits at once the great abilities and the modesty of its author. The proof of the value of the book lies in the fact that it is still consulted: it contains, it is true, some errors which belong as much to the time in which he wrote as to himself: but what is very remarkable is a profound analysis of our faculties, especially that of *Volition*, considered both in their normal and pathological conditions. The author, much better than many writers in our time, distinguishes very well a *disease* from a vicious disposition.

Since 1820, forty-five public asylums of great dimensions have been erected by different States, and there are six private institutions, which makes the sum of *fifty-one* asylums, with their corresponding number of physicians, who, most of them, have deservedly acquired high reputation and fame—at least they are so considered in Europe. The disproportion of asylums to the population is evident, for the United States, according to statistics, has above thirty millions of inhabitants, which must give not far from *thirty-five thousand* insane patients. Belgium has also just fifty-one asylums, but her population gives *four thousand* lunatics to *five millions* of inhabitants. A proper record of the services rendered to science and humanity by Samuel Woodward, Amariah Brigham, T. R. Beck, Macdonald, and many other departed celebrities, would fill up much of our space, if we should record them, and we shall defer to other occasions to render them the respect and admiration they are entitled to from every one.

Before speaking of the actual leaders of psychological science in the United States, justice and politeness give precedence to a lady, Miss Dix, who has written several memoirs in behalf of the insane: her name is now connected with philanthropic efforts in behalf of our soldiers! This noble-hearted lady has described in these papers the state in which she found many insane patients in poor-houses, prisons, *cellars*, and even *cells* in several States of the Union. Let us hope that such abuses have disappeared.

I do not believe that any country possesses a better staff of psychologists than that which now presides over the public and private asylums of this country. Without endeavoring to mention all, we cannot forbear to allude to Dr. Ray, of Providence, whose writings are in the hands of every psychologist who reads the English language; Dr.

Jarvis, of Dorchester, whose reports as Commissioner in Lunacy for Massachusetts, and several memoirs, have proved him one of the ablest psychologists and administrators of our times; Dr. Pliny Earle, of whose works it is difficult to say which is the most important; the staff of writers of the *American Journal of Insanity*, at the actual head of which is Dr. J. P. Gray, should be noticed; Dr. Galt, of Williamsburg, is the first American Psychologist who has shown the advantage of free-asylums, such as Gheel, in America; Dr. Kirkbride, of Pennsylvania, has contributed many important memorials, among which is one on *Cottages for the Insane*; Dr. Howe is the authority on idiocy; Dr. Butler, Dr. C. Browne, and Dr. Chipley have written excellent reports, from which we shall take occasion to gather our information.

In our opinion, the United States, notwithstanding the difficulties arising from a civil war, is in a position peculiarly favorable to accelerate the progress of psychiatry. The number of asylums is greatly deficient, but insanity will now increase from the evils, both moral and physical, that accompany times of war and revolutions. If public expenditures must be suited to the times, asylums may be constructed on principles different and more economical. The cost of buildings may be reduced one-half, and the maintenance to perhaps the two-thirds of what it is to-day.

Since the days of the first reformers, Pinel, Daquin, Tuke, Laugermann, and others, there has been a sort of *stand-still* in that movement towards a relative perfection of psychiatry. Our best writers in Europe and America have been almost exclusively occupied, these fifty years, in the details of the construction of asylums. How much has not the therapeutical part of our science been neglected, when the excellence of treatment was considered to be derived from the effect and impressions obtained by discipline, order, regularity, and the divisions and subdivisions of an asylum? How much time, and how many favorable opportunities are lost to science when the material cares of asylums all rest upon superintendents? Some, it is true, in spite of those difficulties, have been able to advance psychiatry, but they are exceptions. Besides, it is clear that they have not given an impulse to therapeutics; their mistake has been to have the care of too great a number of patients, rendering it an impossibility that each should receive the attention required. During this period immense asylums were built on curious principles; economy was sought by *barracking* several hundred of insane (Colney-Hutch near London has nearly 2000 boarders); it was thought that if steam could boil, cook, wash, warm, etc., for a few hundreds, an increasing number of inmates would make a profit! Physicians were considered in the same light; one physician might as well attend to three, four, five, or six hundred patients! The consequence of that *supremacy of mechanism* in treating insanity, and of that impossible economy of a proper staff of physicians, has been the complete impracticability of such establishments as curative ones.

Now, that system is almost condemned everywhere; the reform is going to resume its former action, and, no doubt, instead of building machines to perpetuate insanity, it will have but one care—to cure.

ARMY MEDICAL SOCIETIES.—A medical society has been formed in Gen. Richardson's Brigade, of which Brigade Surgeon D. W. Bliss is President, and Surgeon William O'Meagher, of the 37th N. Y. Vol., Secretary. A medical society has also been formed at Cairo, Ill., of which Surgeon Stearns is President, and Surgeon Taggart, Secretary.

PERSONAL.—Dr. James Bryan, of Philadelphia, has been appointed a Brigade Surgeon in the Burnside expedition. Dr. Henry S. Hewitt, late of this city, is Medical Director of the forces at Paducah, Ky.

MR. SPENCER WELLS, who has edited the *London Medical Times and Gazette* since 1853, retired with the close of the last year.

Reports of Hospitals.

U. S. GENERAL HOSPITAL, WASHINGTON, D. C.

I.—GUNSHOT WOUND OF CAROTID ARTERY—SECONDARY HÆMORRHAGE. II.—DIPHTHERIA FOLLOWING TYPHOID FEVER.

[Reported by LEWIS H. BODMAN, Medical Cadet, U.S.A.]

I. *Gunshot Wound of Carotid Artery, etc.*—Corporal Calef, 2d N. H. Volunteers, was fired on by a sentry, Aug. 7, 1861. The ball entered his left cheek, fractured the inferior maxilla just anterior to its angle, and turning downwards in its course buried itself in the deep structures of the neck. There was considerable hæmorrhage at the time of the accident, but when admitted to the hospital a few hours afterwards, he was in a comfortable condition, bleeding having entirely ceased. No search was made for the ball, but the edges of the fractured bone were retained in apposition by means of a suitable bandage, and quiet enjoined. Diet to consist of nutritious soups and beef-tea. The patient continued in good condition until the afternoon of the 13th, nearly a week after the reception of the injury, when lying quietly in bed he was seized with violent arterial hæmorrhage. The blood poured from his mouth, welling up with each pulsation of the heart. Fortunately a medical officer was in the ward at the moment, and resorted to instant compression over the carotid, but not until a quart of blood had escaped was the hæmorrhage controlled. The patient being now very weak, stimulants were administered, and directed to be given frequently through the night. Continuous compression was kept up over the artery. Notwithstanding these measures, bleeding recurred on two different occasions during the night, and was controlled with great difficulty. The patient sank rapidly until the morning of the 14th, when he died by syncope in another and terrible attack of hæmorrhage.

The autopsy made three hours after death disclosed the following lesions: a comminuted fracture of the inferior maxilla just anterior to the angle. Through this the course of the ball could be followed by means of a bougie, down and along the track of the common carotid. The ball was found directly under the omo-hyoid muscle, and imbedded in the sheath of the artery. The artery itself had been lacerated, and the neighborhood of the injury was filled with clotted blood and lymph.

II. *Diphtheria following Typhoid Fever.*—Private Draper, æt. 16, came under observation Aug. 28, 1861, being convalescent from typhoid fever. He was improving steadily upon quin. sulph., gr. ij., and whiskey, an ounce, three times a day. Under this treatment he continued, apparently doing well, until Sept. 3d, when he complained of a cough and "sore mouth." On examination a few spots of follicular ulceration were detected, scattered over the lips and inside of the cheeks, with some signs of inflammation in the throat. A gargle was ordered of liquor sodæ chlorinatæ, 5j.; aquæ Oss. In the evening an ordinary cough mixture was prescribed, with a view to allay the cough, which had a peculiar ringing or "brassy" sound. These prescriptions were continued until the 6th, patient meanwhile remaining without change, when at the morning visit a small patch of false membrane was discovered just in front of the velum palati. Chlorate of potassa, one drachm to the ounce of water, was prescribed internally, a tablespoonful to be given three times a day, and the gargle was continued. On the 7th the patient was rapidly growing worse, the membrane having covered both tonsils, and extending downwards into the larynx. Pulse quick and feeble. Skin dry and hot. Continued the prescriptions of yesterday, giving instead of the whiskey a tablespoonful of brandy every three hours, with beef-tea in suitable quantities. 8th. Was very restless, and failing in strength. Pulse frequent and very weak. The membrane seemed still to be extending downwards into the trachea; his

breathing was difficult, and he coughed with great distress. There was besides some swelling of the cervical glands. Twelve grains of quinine were dissolved in one ounce of the muriated tincture of iron, and five drops ordered every hour. His throat was sponged twice to-day with a strong solution of nitrate of silver. 9th. Patient passed an uneasy night, and was much distressed in the morning for breath, and extremely irritable in mind. The dose of iron and quinine was increased during the night, and stimulants freely administered. He lingered until 1 P.M. of the 10th, when he suddenly expired.

Autopsy three hours after death.—The larynx was covered with an ash-colored, consistent layer of false membrane, which extended downwards through the trachea and into both bronchii, and upwards over the tonsils on each side into the nares. The heart was natural in appearance. The lungs presented signs of hypostatic congestion and of commencing pneumonia. The liver was somewhat fatty. Kidneys congested. In the ileum there had been disease of Peyer's glands, but an attempt at cicatrization was in progress, prior to the attack of diphtheria.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, December 4, 1861.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. FORDYCE BARKER'S PAPER ON THE USE OF ANÆSTHETICS IN MIDWIFERY.

(Continued from page 54.)

DR. GEO. T. ELLIOT, in opening the discussion for the evening, remarked that he had had no experience with any other anæsthetic agent than chloroform, and hence he considered it unnecessary to state that he agreed with Dr. Barker in considering it the preferable agent to ether. He never attended any case of labor without having chloroform in the room, without being willing to offer its advantages, if there was no objection on the part of the patient or the patient's friends, or no physical contra-indication to its use. He could conscientiously say, as the result of no limited means of observation, that he had seen nothing whatever that would cause him to depart from the use of chloroform in accordance with the light of such experience. He had himself taken chloroform thirty or forty times since 1848; had given it to his wife, and to his nearest and dearest relatives and friends, and at all ages, from the tender child of thirteen days old up to an advanced period of life. He therefore believed that he was to be ranked among those whose experience had warranted them in assuming that chloroform was a most valuable agent in midwifery, of the greatest value in obstetric operations, that it was not likely to exert injurious effects upon the mother or child when properly administered, and that its use was perfectly justifiable for purposes of relieving pain. He was in the habit of administering the anæsthetic upon handkerchiefs, frequently changed, so that no one would be used long enough to be saturated with the vapor of the breath. By following this practice he was confident that he prevented a great deal of the suffering from headache, sickness, nausea, and vomiting, which is so apt to occur afterwards. In every case he preceded the exhibition of chloroform by an examination of the heart, and if any disease of that organ existed he preferred ether, for reasons stated at a previous meeting. He, however, did not so much fear the use of the agent in valvular lesions of the heart as in fatty degeneration of the organ, or in those cases where there existed a marked feebleness in the heart's action with a temporary intermission in the pulse. He had, however, given chloroform in cases of fatty degeneration of the heart; the patient's dying with some other disease, thus affording an opportunity of proving the existence of such a lesion by actual inspection.

As to the kind of chloroform used he was forced to state that he had given it in a great many cases without knowing whose preparation it was, merely testing it by its peculiar odor and capability for rapid evaporation when poured upon the hand. He made no distinction between Duncan & Flockhart's chloroform, and that of Squibb. The question, referring to the use of the anæsthetic after loss of blood, he thought was a very serious one to consider, and was prepared to say that he would never employ it in such cases unless he felt sure that the amount of hæmorrhage was not sufficient to produce any danger of syncope. It was *syncope* after all that he dreaded.

With reference to the influence of chloroform on the duration of labor—this was a point of great importance, and one to which he had given his careful attention, from the first time that he became familiar with chloroform in labor. He had learned this, that he never would promise a patient again that she should have chloroform given to her during the whole labor, because he could not promise against its liability of affecting unfavorably the contractions of the uterus. He had seen those cases in which the removal of anxiety and the removal of the consciousness of the patient had given freedom to the uterus to contract, as it were, forcibly and satisfactorily; but he was likewise satisfied from his own experience, that the oxytocic action of chloroform was exceptional. In some of those cases where chloroform had interposed delay, he had delivered with the forceps, sooner than allow them to wake up to pain again.

In reference to lacerations of the perineum he did not think that chloroform increased the risk of such an accident, but on the contrary tended to prevent it. As for the effects of chloroform on spasmodic rigidity he concurred heartily and entirely with the views expressed in Dr. Barker's paper, but in rigidity from other causes he resorted to measures which he considered much more efficacious, for instance the warm douche, sponge tent, etc.

He was at a loss to understand how it was possible for any gentleman with a large obstetric experience, writing a book for the instruction of others, to say that he found that anæsthetics were not advisable in forceps cases, on account of the desirability of having the assistance of the patient's appreciation of pain. He was satisfied that he could speak to a large enough experience to enable him to form a decided opinion upon the subject, though he very much regretted to have only preserved the records of seventy-four cases of forceps operations, which did not at all represent his share. Of these, here are the results:—fifty-one in primiparæ, nineteen in multiparæ, and seven not noted. Chloroform was given in sixty-nine cases, ether in one case, and nothing in four; in all of which the reasons for its non-administration were sufficiently strong. He believed chloroform to be the most precious agent that could be employed in puerperal convulsions. He could find nothing in his record to cause him to regret having given chloroform in forceps operations, version, or craniotomy. Regarding the removal of the adherent placenta, he could simply confirm the views of Dr. Barker, with the exception that he had found it necessary to remove it much more frequently than he had. He thought that there was a very great amount of truth in that statement, that the "*ultimate*" effect of this anæsthetic was depressing. It is at first stimulating, then sedative, and *ultimately* depressing—though he had never met with danger from this state. The ultimately depressing effects are shown by the diminished frequency and force of the pulse, the diminished capillary circulation, and that coldness which Brown-Séquard pointed out in his lectures in this city some eight years ago. It is this action of chloroform which he esteemed of such value in convulsive cases, and which enabled him more and more to dispense with the blood-letting, and evacuates, and revulsives, on which so great hopes are based. It was this effect, however, which he would dread in those conditions liable to risk from syncope, previously alluded to.

DR. GRISCOM remarked that in his experience he was

able to corroborate everything that was said in relation to chloroform by Drs. Barker and Elliot. He had never in a single instance been disappointed in the effects of this agent. He had used ether in one obstetric case before chloroform was discovered, and was very unfavorably impressed by it, as a great deal of irritation of the bronchial mucous membrane resulted, and besides, a desirable amount of anæsthesia was not produced. The precise degree of anæsthesia requisite in obstetrics was a nice point to take into account; he had found that the best effects were produced when there was a loss of sensibility without entire loss of muscular power or of consciousness. As regards the mode of administration, his plan was simply to use a single handkerchief. In conclusion, he referred to the marked and prompt effect which the internal administration of chloroform had upon abdominal pains: the dose for an adult was about thirty drops in some mucilage.

DR. A. K. GARDNER stated that his experience with chloroform in midwifery commenced with the first case in which it was used in New York. A woman at 408 Greenwich st. was confined on Feb. 2, 1848; there was nothing unusual about the labor, the vertex presenting. He administered chloroform to her by inhalation for three hours with the happiest effects. The quantity taken was about $\frac{3}{4}$ ss. The two next cases occurred respectively during the months of February and April of the same year. Since that period he had continued its use in all forms of labor. In sixty-one cases of *forceps application*, the records of which he had preserved, he had given chloroform in eighteen cases, one of which was after the blades had been applied. In one case only had he given sulphuric ether, and in one the woman was so drunk with liquor as to be completely in an anæsthetic condition. He did not think it desirable to lay it down as a rule that chloroform should be given before commencing the operation; neither did he consider it imperative that its administration should be deferred till traction was about being commenced. In the hands of a skilful operator, there was no pain felt from the forceps while being applied; but when applied by a bungler, there might be very great pain, and this should be known to the operator; for pain meant injury, and injury, perhaps, was death. In those cases where the nervous condition of the mother rendered it desirable for her to be unconscious of the dreaded operation, he thought that in skilful hands there was less objection to its early administration.

He had administered chloroform in five cases where the *tractor* had been used; three with chloroform and two without. *Version*, he had, since the same date, performed twenty-one times; in nine cases—one of rupture of the womb—without chloroform, and fourteen with this article. *Cephalic Version*, in one case, without it. In these operations, he was fully persuaded that no one should attempt to perform them without having recourse to anæsthesia, inasmuch as it was sometimes necessary to paralyse the involuntary contractions of the uterus, as well as the voluntary, accessory, abdominal and other muscles. He did not think that chloroform was demanded for the operative part of craniotomy, inasmuch as there was little suffering connected with the operation, and the uterine contractions had generally mostly, if not entirely, ceased when the operation was performed. Usually, too, the efforts of the mother were desirable to expel the fœtus, after the head was broken up; and often there was but little comparative pain during the expulsion of the much-reduced head, particularly if it had been hydrocephalic. *Rupture of the perineum*, he thought, occurred far less frequently with chloroform, than without it. The effect of chloroform was the same in the analogous cases of *rigid os*. There was nothing more certain than the immediate and marvellous effects of this agent in overcoming the spasmodic contractions of the os uteri, which delayed the labor and exhausted the patient in the early stages. He had often completed a labor in half an hour, which threatened without it to endure for hours. If time was the object to be gained, his method would be to give the anæsthetic until its effect

was produced, ordinarily not requiring full anæsthesia; then passing his finger within the os, it might be stretched out, like soft gutta percha; then "letting up" the chloroform, so as to restore the use of the voluntary muscles, the labor was very rapidly completed in primiparæ, and almost instantaneously in multiparæ, as the rigidity of the os did not return, and it had been expanded sufficiently to allow the head to impinge upon it. Vomiting frequently occurred after and during the administration of chloroform, but which invariably ceased as soon as the contents of the stomach were expelled, and was more apt to occur where the patient had been eating or drinking freely within a short time previously. This was the only bad effect he had ever noted from chloroform, except that sometimes he had observed slight convulsive stiffening before coming fully under its influence: this was, in one or two instances, so unpleasant in its appearance, that he had been induced to stop its further administration, more as a matter of precaution than of real necessity. He had never seen an instance of *post-partum hæmorrhage* where chloroform had been used; the reason for which he supposed to be, that all irregular and spasmodic actions of the uterus, such as those causing "hour-glass" and other imperfect and natural contractions, were thus controlled by quieting the irritation of the spine, upon which such actions are frequently found to depend. He supposed that chloroform acted first on the lower portion of the spinal cord. Still, where in previous labors there had been hæmorrhage, he had sometimes thought it desirable to exhibit a full dose of ergot, before chloroform, to the patient. The duration of labor was unquestionably shortened by chloroform, for the reason that by the relaxation of the perineum it prevented any impediment to the advance of the head. He had found that to make a labor progress as speedily as possible, chloroform should be given only to the point of producing muscular relaxation. He had known the administration of the article, in doses of from five to ten drops, to be attended with the best of results in after-pains; this being inhaled with the commencement of each pain. He had seen *no disease, save acute inflammation of the lungs, in which he thought it improper to resort to the anæsthetic*. He had used it in epilepsy, in fatty degeneration of the heart, in diseases of the valves of the heart, and even in the last stages of phthisis, without any bad result. He had supposed, in all these cases, that there was less danger from the chloroform to the diseased organs than from the straining efforts. In all his cases where chloroform had been taken, none of the muscular soreness usually following labor and lasting for several days ever appeared; and patients, the next day, were much better than ordinary, and got up much easier and sooner. Referring to its *mode of administration*, he stated that it was best to commence slowly, bearing in mind that some patients were more susceptible to its influence than others. He had seen ten drops anæsthetize one patient, while another required 3j. or 3ij. The *quality*, with him, was always of the utmost importance. He considered that the obstetrician was perfectly justified in giving it simply for the relief of the ordinary pains of labor, and he was always ready to give it to most women, with the restrictions mentioned already.

On motion of Dr. WATSON, the further discussion of the subject was postponed.

The Academy then adjourned.

SEVERAL of the Paris medical journals give the various ages of the present professors of the Faculty of Medicine, which are as follows:—M. Moreau, 72; M. Cruveilhier, 71; M. Rostan, 71; M. Piorry, 67; M. Paul Dubois, 66; M. Velpeau, 66; M. Andral, 64; M. Bouillaud, 64; M. Langier, 63; M. Jobert de Lamballe, 62; M. Trousseau, 60; M. Guillo, 59; M. Moquin-Tandon, 57; M. Malgaigne, 55; M. Nélaton, 54; M. Dénouvilliers, 53; M. Gavarret, 52; M. Bouchardat, 51; M. Grisolle, 50; M. Longet, 50; M. Tardieu, 45; M. Würtz, 44; M. Gosselin, 43; M. Jarjavay, 42; and, lastly, M. Regnault, 37.—*Lancet*.

Progress of Medical Science.

OPHTHALMOLOGY.

By HENRY D. NOYES, M.D.

The Pathology of Capsular Cataract. By Dr. SCHWEIGGER, of Berlin. (*Archiv für Ophthalmologie*, Bd. VIII., Ab. I., S. 227.)*—The crystalline lens in the normal state consists of prismatic fibres, or, according to Kolliker, tubules with toothed edges by which they adhere to each other. They contain a semi-fluid substance of an albuminous nature, and transparent. The capsule inclosing the lens is a structureless membrane, with difficulty destructible by chemical reagents, and very slow to lose transparency. Between the anterior capsule and the crystalline lens is a layer of six-sided nucleated epithelial cells. These do not exist upon the posterior capsule, nor upon the front surface of the anterior capsule.

In former days there was no hesitation in classifying cataracts into capsular, lenticular, and capsulo-lenticular. On the contrary, Malgaigne affirmed that capsular cataract never occurs, the membrane always preserving transparency, and in proof he offered many dissections. We now know that the capsule does become opaque. It is not true, however, in cataract, that, as Tyrrell says, "no practical good would result from the most accurate diagnosis as regards the seat of the opacity."

The practical good which results from diagnosing in a case of cataract the existence of capsular opacities is, that their presence is evidence of complicated cataract. In other words, they show either that the cataract has undergone secondary degeneration, or that the cataract is produced by disease of other tissues of the eye.

By capsular opacities are meant, densely white spots upon the surface of a cataract which contrast more or less strongly with the duller tinted mass. They do not consist so much in change of texture in the capsular membrane itself: this is almost always found to be transparent, and thus far Malgaigne's assertion may be admitted. But the membrane is wrinkled and thrown into folds, it becomes thickened and also thinned. The intra-capsular epithelium undergoes alteration. Opaque lens matter is precipitated upon and attaches itself to the capsule. Such in general is the nature of capsular cataract.

Opaque spots on the capsule give evidence: 1st. Of an "over-ripe" or so-called Morgagnian cataract; 2d. Of chronic irido-choroiditis as the cause of cataract.

One of the signs consulted to determine the "ripeness" of a cataract, is the breadth of the shadow cast upon it by the iris. Mackenzie says, "if the shadow is distinct, the lens is probably small and hard." There is an error here implied, namely, that the whole lens has shrunk and has withdrawn from contact with the iris. We know that the front surface of the lens is always in contact with the pupillary margin—and in cataract a very trifling diminution in bulk takes place. The explanation of the broad shadow is that while the nucleus has become opaque the cortical layers are yet transparent. If no shadow is cast, the whole lens has become opaque.

The cortex of the lens is softer than the nucleus, and where its fibres have degenerated so far as to lose transparency, they after a certain time lose their form. They become disintegrated and liquefied. The nuclear fibres, being harder, are not thus dissolved, and the nucleus as a yellow lentil-shaped body, contrasts strongly both in color and texture with the diffuent cortex. This cortical emulsion, consisting of decomposed lens matter, contains cholesterine, fat globules, myeline, granular matter. Between it and the aqueous humor, interchange takes place by osmosis

* I have not only condensed the article of this able pathologist, who examines the specimens furnished by Prof. Graefe's clinique, but have almost recast it to make its statements more thoroughly appreciated.

H. D. N.

through the lens capsule. The process is most free where the communication is easiest, namely at the pupil. At this situation the capsule acquires a dense opacity. It is produced: 1st. By wrinkling of the membrane, because by liquefaction of its cortex the lens has lost a little in bulk; 2d. By exosmosis, the cortical emulsion becomes thicker, and particles are deposited in a more concrete mass upon the pupillary part of the capsule; 3d. The intra-capsular cells beneath this deposit become atrophied, and adjacent to it become altered: instead of being flat and hexagonal, they are globular, elongated, filled with transparent fluid, sometimes enlarged and of irregular forms.

The kind of capsular opacity indicative of an "over-ripe" cataract, is one corresponding in size and situation to the pupil, of a glistening white color, its edges marked by striæ or dots. It often has a lustrous satiny look, because probably of the greater presence of cholesterine crystals. There are sometimes smaller opaque spots at a distance from the central spot. I may add in aid of the diagnosis, that when, in a dark room, artificial light is by a convex lens cast obliquely upon the cataract, the yellow nucleus may be sometimes seen through the fluid to have fallen from the centre to the bottom of the capsule. If the pupil be dilated it may all be seen, but if not dilated, only its upper rim can be discerned. I need remark nothing upon the importance of diagnosing an "over-ripe" cataract before the operation is performed.

The second case in which capsular opacity gives valuable information is in the so-called "inflammatory cataract," or one resulting from chronic irido-choroiditis. The nutrition of the lens, and therefore its transparency, are impaired by the choroidal disease, and the transformation begins at the surface. Hence capsular opacities appear early. They consist: 1st. In metamorphoses of the intra-capsular epithelium—the cells generated in larger quantities and of irregular shapes; 2d. Membranes are formed which though transparent singly, yet by their arrangement cause opaque spots and thickening of the capsule; 3d. Cretaceous deposit occurs in the transformed tissue. Calcification often beginning in the capsule pervades finally the whole lens—and then the capsule may disappear by atrophy. Opacities do not take place so frequently on the posterior capsule as upon the anterior. They consist of deposits of softened lens matter, and also result by extension of the morbid generation of intra-capsular epithelium to the posterior capsule.

The practical clinical distinction between capsular opacities of chronic irido-choroiditis and of partially liquefied cataract, is that the former are scattered all over the front surface of the cataract, while the latter is mainly confined to one large central spot. Both result directly from a similar cause, namely, softening of the surface of the lens, but the causation of the softening is different.

A third variety of capsular cataract without participation of the lens, is noticed after central perforation of the cornea. This happens oftenest in ophthalmia neonatorum: by ulceration the cornea is perforated, aqueous humor escapes, the lens comes forward, and the capsule for some time lies against the aperture, exposed to the irritating conjunctival secretions. After a time the opening is closed, the anterior chamber re-established, and the cornea may recover transparency. Upon the capsule will remain a central white dot, sharply defined, and penetrating the lens to a certain depth. The capsule has not been ruptured, but contact with the opening in the cornea has caused transformations of the intra-capsular cells and adjacent lens substance.

Lastly, the capsule often remains as an obstruction to vision, after extraction of cataract. It is often dotted with dense white opacities, or totally opaque. These white spots consist partly of softened lens matter entangled in the folds of the membrane, and partly of new formations by proliferation of the intra-capsular epithelium. Sometimes this extraordinary development of cells extends even to the posterior capsule.

American Medical Times.

SATURDAY, FEBRUARY 1, 1862.

NEW YORK HEALTH BILLS.

We have at length good evidence that there is to be a reorganization of the Health Department of New York city. Those public-spirited citizens who have for years labored with the most praiseworthy self-sacrifice to obtain such legislative action as would give our city a Health Department worthy of its social, commercial, and intellectual greatness, have at length given to their cause such moral force and such a momentum even in political circles, that the present Legislature cannot safely adjourn without enacting a new Health law. What gives this conclusion greater weight is the fact that all opposition seems not only to have ceased, but has even become clamorous for reform. Health bills now multiply from various quarters, put forward by some individual interest, and each in the hope of riding foremost on the coming tide. Even the grim power that presides over the Death Statistics of New York, who has hitherto stifled the legislative voice with the foul emanations of that bureau, has a health bill before the Legislature. We may take it therefore as a foregone conclusion that a reorganization of our Health Department is about to be made.

The medical profession of this city have always been deeply interested in local sanitary reform, and with them this movement originated. The question which is presented this winter is not, Shall there be a reform, but, What shall be its character? And this question is of vital importance, and we trust no physician will lend his influence to any scheme which does not embody the latest improvements in sanitary legislation. Let us require that our Health Department have: 1. A strong and efficient medical element; and, 2. That its organization embrace in area, as far as possible, every inch of territory liable to affect injuriously the public health of the city, and in authority every power necessary to remove the causes of preventable diseases. Such a Health Department we may now have, if with united voice we demand it. Shall we ask for less?

To those medical men who have not been cognizant of the progress of this measure, the following facts will prove of interest:—The first real efforts to improve our Health Department originated with the Academy of Medicine. The first health bills brought before the Legislature contemplated only such legislative enactments as would create a regular and responsible Board of Health for this city, with a medical man as the chief executive officer, and with medical men as health wardens. The provisions of the bill were entirely local in their effect; subsequent discussions and investigation have led to a material change in the character of this health bill. It was apparent to the more thoughtful that New York never could have an efficient sanitary police unless the jurisdiction of the Central Board extended to all the sources of infection and contagion which surround the city. Of what avail are well executed health laws in New York if the neighboring city of Brook-

lyn, with its constant interchange of people, takes no care to prevent the spread of contagious and epidemic diseases? And of what value is a vigilant sanitary police to New York and Brooklyn when quarantine is allowed to disseminate, without let or hindrance, the seeds of epidemic diseases to both cities? It needed no argument to prove that a mere local board of health was not all that New York with its rapid expansion required. And the same was true of Brooklyn, one of the most rapidly growing cities in this country. Whatever may be the commercial and social relations of these two cities, they are certainly one in their sanitary interests, and they never can be safe until each has a controlling voice in the management of quarantine.

Influenced by such considerations, a joint committee of the Academy of Medicine, of the N. Y. Sanitary Association, and of the Kings County Medical Society, with a medical representation from Richmond county, prepared the bill known as the Metropolitan Health Bill, which erected into a Metropolitan Health District the counties of New York, Kings, and Richmond, with their waters; the Board of Health was to be composed of a representation from each county, according to the ratio of its population, viz. four from New York, three from Kings, and one from Richmond. Three of the seven are to be medical men, viz. two from New York, and one from Brooklyn, are required to be physicians. This bill was before the Legislature last winter, passed the Assembly by a vote of two to one, and was defeated in the Senate. The same bill, after being slightly amended by a joint committee of the bodies above named, has been introduced into the present Legislature, and awaits its action.

Other health bills are already pressed upon the attention of physicians, and will be laid before the Legislature, but there will be none that have the scope of the Metropolitan Health Bill. This feature of our municipal sanitary reform can never again be lost sight of; it is that adopted by London, Philadelphia, and other cities, now famed for their power to avert pestilences, and promote the health and happiness of the laboring classes. We trust no medical man will lend his name or influence to any of the specious health measures which are in circulation. They are framed to promote the selfish aims of designing individuals. The Metropolitan Health Bill alone deserves the support of the profession of this city and Brooklyn.

THE WEEK.

OUR readers cannot fail to notice that the Homœopathists are actively engaged in petitioning Congress to recognise Homœopathy in the Medical Staff of the Army, and to instal it in the military hospitals. Although we are not prepared to believe that Congress will commit the indiscretion of granting the prayers of these petitioners, still there are too important consequences at issue in this question for the medical profession to remain indifferent to this effort to demoralize, if not utterly destroy, the Medical Staff of the Army. We have assurances from responsible persons that individual members of Congress, who are jealously guarding the public interests, desire that this effort to legislate quackery into the army, should be promptly counteracted by the medical profession. The legitimate method of accomplishing this object is by remonstrances against legislative prescription of any special systems of practice in the

Medical Staff of the U. S. Army. The ACADEMY OF MEDICINE of this city, it will be seen, has taken prompt action in the matter, and we urge all state and local societies to do likewise. In addition let individual practitioners throughout the country forward, at once, remonstrances, signed by the citizens of their locality, to their representatives in Congress.

At a special meeting of the NEW YORK ACADEMY OF MEDICINE, held January 29, 1862, Dr. JAMES ANDERSON, President, in the chair, the following letter, directed to the President, was received from Dr. VALENTINE MOTT.

SIR:—We have all been annoyed with the intimation that the noble Surgical Staff of our Army might be polluted with Homœopathy. We all honor the regular profession, and when an attempt is made to impair its usefulness, or detract from its dignity, we should promptly and unitedly repel it.

Influenced by these sentiments I forward to you the accompanying resolutions, and beg you to introduce them at the meeting this evening, as coming from me. A broken metacarpal bone prevents my presenting them in person.

Yours truly,

VALENTINE MOTT.

1 GRAMMECY PARK, Jan. 29, 1862.

"Whereas: Petitions have lately been presented to the Senate and House of Representatives of the United States, for the employment of Homœopaths as Surgeons in the Army; therefore,

Resolved: That the New York Academy of Medicine deem it their duty in the interest of the Army, respectfully to protest against the employment of such practitioners, for the following reasons:—

"1st. That the practice wherever subjected to accurate observation has failed to establish itself in any hospital.

"2d. That in the countries where it originated and attained its fullest degrees of development, it has not been introduced into the army or navy.

"3d. That it is no more worthy of such introduction than other kindred methods of practice as closely allied to quackery.

"4th. That such appointments would disatisfy and dishearten the Medical Staff of the Army, who understand the true character of Homœopathy, and who have entered the service of their country, with confidence that the Government would strive to elevate the standard and promote the efficiency of the Medical Staff—results surely to be defeated by the appointment of Homœopaths.

Resolved: That a copy of the above resolutions be sent to the Hon. ISA HARRIS, of the U. S. Senate, and the Hon. F. A. CONKLING, of the House of Representatives, with a request that the resolutions be presented to the two Houses of Congress."

The resolutions were supported by Dr. VAN KLEEK, Dr. E. HARRIS, Dr. JOSEPH M. SMITH, and Dr. ISAAC WOOD, in brief, but earnest and forcible speeches, and were then unanimously adopted.

On motion of Dr. ADAMS, the delegates to the State Medical Society were instructed to bring the subject before that body, at its meeting at Albany, on Tuesday next.

By the kindness of the Surgeon-General of the State of New York, Dr. S. OAKLEY VANDERPOEL, of Albany, we are able to give a list of the Surgeons appointed to Volunteer Regiments in this State, since Dec. 1, 1861, with the changes that have occurred in the regiments in the field, since that date. This information will prove of great interest to the profession of the State. Hereafter, through the favor of the Surgeon General, we shall give weekly reports of these changes.

Dr. MORTON, the alleged discoverer of ether, has at length commenced prosecutions for infringement of his patent. The first Institution summoned to answer was the New York Eye Infirmary, in the U. S. Circuit Court, in this city, JUDGE SHIPMAN presiding. After taking some medical testimony, the case was arrested by the Judge, for the present term, who doubts the validity of the patent.

The following delegates to the N. Y. State Medical Society, were chosen by the Academy of Medicine, Drs. JOHN W. GREEN, O. WHITE, JARED LINDSAY, and J. P. GARRISON.

Reviews.

TEN LECTURES INTRODUCTORY TO THE STUDY OF FEVER. BY ANDREW ANDERSON, M.D., Lecturer on the Practice of Medicine in Anderson's University, Glasgow. London. 1861. Pp. 180.

(Continued from page 53.)

The fourth chapter, which may be said to introduce the second part of the work, opens with a classification of fevers preparatory to treating of the individual fevers.

We must content ourselves with gleaning here and there a quotation of interest.

Diagnosis of enteric and typhus fever:

"It [enteric fever] differs from typhus in this—that it attacks younger people, mostly from twenty to thirty, but very rarely those above fifty; whereas, as we saw yesterday, typhus may attack those of almost any age. Again, its mode of invasion is different. That of typhus is for the most part sudden: begins with vigor, and prostration supervenes at once. The fever of which we now speak begins gradually and insidiously; so much so that the patient may for some days persuade himself that there is nothing the matter with him. * * * Again, the whole aspect of a person laboring under enteric fever is distinct from that of one in typhus. There is not the stupid, oppressed look, which I endeavored to describe to you yesterday as belonging to that disease; there is rather languor, prostration, and indifference to everything; or if there be delirium, it is by no means constant; it is of a milder kind; there is more wandering than confusion. The countenance, too, is different: there is a partial flushing of the cheeks, with pallor of the other parts of the face, which you never see, I think, in typhus; and the pulse is variable, corresponding with the variable state of the nervous system. The eruption likewise is peculiar: it appears, not on the fifth day, as in typhus, but from the seventh to the twelfth—is not diffused over the whole body, but confined to the epigastrium and abdomen—is not copious, but consists perhaps of but from six to twelve spots. These are slightly round and of a pale rose color. * * * The duration of the malady is greater than that of typhus."

Treatment of enteric fever with reference to the local lesions:—

"The medicines required in these cases ought to be given always with reference to the irritated state of the bowels. Never, although there be diarrhoea, pour into the stomach coarse astringents, such for instance as chalk mixture, tincture of catechu, and so on. Remember that you have to deal with a mucous membrane in an irritated, angry state, ulcerated in all probability, the ulceration perhaps on the point of penetrating through the gut: be cautious therefore; let your remedies be of small bulk, and in as mild a form as possible. You will find that the acetate of lead is a very useful remedy, soothing the irritation, and acting as a mild astringent. Small doses of tannin are beneficial; it may be given in pills made up with a little glycerine, and works to the like good effect. Sulphate of copper in quarter grain doses may be given in similar cases, combined with a very little opium; for I think you will find it advantageous to give small opiates, as long as at any rate as there is diarrhoea. Never, however, give opium in such quantity as to lock up the bowels—but only to soothe and check their peristaltic action."

From the quotation given in regard to the treatment of the stage of incubation it might be thought that the author has given in his adhesion to a certain school of latter-day therapeutists not renowned for active antiphlogistic treatment. That his treatment of that stage does not arise, however, from any preconceived notions or prejudices, will be seen by the following remarks on bleeding and mercury in post-febrile ophthalmitis:—

"We learned very important lessons from the treatment of this ophthalmia—lessons which tell against some of the theories which are fashionable at the present day. The previous fever and the actual debility of the patients made me at first eschew anything like depletion; but we found in the failure of other means that bleeding was the most effectual—the only effectual—mode of cutting short this dangerous ophthalmia. We took blood from the arm; the drawing of two ounces was in some cases sufficient to make the patient faintish; but by that small

loss we gained our object as we could not attain it by leeching, even to much more copious effusion of blood; it had, I am perfectly satisfied, an effect which no other mode of treatment could have produced—the effect of arresting the inflammation which would soon have destroyed the eye, as amply proved to us by the result of neglected cases. * * *

"The next lesson which we learned from these cases was that mercury was the only trustworthy drug in this disease. Again and again, in tens and scores of cases did we observe, that just as the system became affected by the medicine, just as the gums were touched, the eye, which had till then shown no symptoms of improvement began to get well. The dogma that mercury is of no avail in the treatment of inflammation, is, in my opinion, a dogma as pernicious as it is unfounded; nay even asthenic inflammations, provided only they be of an adhesive nature, like those of serous membranes, and provided the vital power be maintained by sufficient nourishment, are overruled by mercury as by no other agent. * * * Do not, I beseech you, be seduced into believing that inflammations ought to be left to nature's curing, or that bleeding and mercury are worse than useless in treating. Neither bleeding nor mercury is useful in *all* inflammations, nor in every inflammation at every stage; but the notion that they are *never* beneficial took its origin with those who are more disposed to theory than conversant with practice; and who, dealing principally with advanced cases admitted into hospitals, got into the way of thinking of the inflammation as if it were identical with its own products; defining it by describing the changes of structure which it produces; forgetting that there is such a thing as arresting an inflammation *before* these changes occur; and shutting their eyes to the positive clinical proof that the disease may be checked, and the absorption of the effusions promoted, by the agencies of which I have been speaking."

Many other passages we had marked as worthy of selection. But we have undoubtedly given enough to show the manner of the man, and the nature of his work. We feel assured that no student can master its contents without great benefit, and no practitioner arise from its perusal without wishing, as we did, for "more."

J. C. R.

Correspondence.

FOREIGN CORRESPONDENCE.

PARIS.

LETTER FROM C. Y. SWAN, M.D.

Nov. 28th, 1861.

THE excitement and confusion attendant upon commencement occasion having now quite subsided a different state of things is presented. Instead of the riotous conduct, etc., to which I alluded in my last letter, everybody has now a business air. Each professor is punctually at his post, each student has in hand his note-book, the janitor his time-piece, and so once more the machinery of this immense school moves quietly along. As it may possibly interest some readers to hear something more pertaining to it, I beg leave to present them with the following very hurried glance at a few of the most prominent of the faculty.

But before giving such, let me state that there are in France sixteen academies, and besides primary schools all have faculties either of medicine, law, literature, or sciences. These academies are governed by a body of *savans* chosen by the Emperor, and termed the *Conseil Imperial de l'instruction publique*. The academy of Paris consists of five faculties—sciences, letters, medicine, theology, and law. There are but three *superior* schools of medicine—Paris, Montpellier, and Strasbourg; the others are called secondary or preparatory, as at Tours, Dijon, Lyons, etc.

To gain a professorship in former times the ordeal of *concours* had to be passed, but *on dit* that the present Emperor, in order to favor a favorite (Jobert), did away with this trying ceremony, and decreed that all in future should be his appointees. The faculty of Paris is composed of the dean, twenty-six professors, and twenty-four *professeurs agrégés*.

The latter are all hard working young men, and Majesty

in this instance makes no exemption; they attain their position by competition. Of course they have higher aspirations, and in the event of any of the professors being absent from sickness or other causes the vacant chair is temporarily filled by one of them. Their field of labor is at the *école pratique*, and their salaries vary from \$400 to \$1600 per annum. *It is to these men mostly that the honor of progress is due.*

Deducting the nine clinical professors, who, understand, hold forth *only* at their respective hospitals, from the twenty-six in all, leaves sixteen to fill the various chairs at the *École de Médecine*. Of course all these cannot lecture at one session, for the school is only open seven hours per day, and each hour is taken up as indicated by the following programme of the Winter session:

Subject.	Professors.	Days and Hours.
Physique médicale.	Gavarret.	M., W., F., 11 A.M.
Pathologie médicale.	Natalis Guillot.	" " " 3 P.M.
Operations et appareils.	Malgaigne.	" " " 4 P.M.
Chimie médicale.	Nurtzy.	T., Th., S., 10 A.M.
Anatomie.	Jarjarvay.	" " " 12 M.
Path. et therap. générale.	Andral, by Axenfield, <i>agréé</i> .	" " " 3 P.M.
Path. chirurgicale	Denonvilliers.	" " " 4 P.M.

Those Professors not here noted will take their places in March, and carry on the spring session.

The clinical professors are distributed as follows:

Subject.	Professors.	Hospital.	Days.
Clinique médicale.	Bouillaud.	à la Charité.	Every morning from 7 to 10 o'clock.
	Piorry.		
	Trousseau.		
	Rostan.		
Clinique chirurgi- cale.	Lauzier.	à l'Hotel-Dieu.	
	Jobert de Lamballe.		
	Velpeau.	à la Charité.	
	Nélaton.		
Clinique d'ac- couchements.	Dubois.	à l'Hopital de la Faculté.	

The most attractive lecturer at the college is certainly Malgaigne on operations and apparatuses. The specialty is admirably fitted for him as permitting of digressions into witticisms of the most bitter nature against inventors in general, and old Charrière in particular, who, by the way, is generally alongside. He is certainly the grand leveller. Few operations or instruments are better than blunders, his own excepted, and these invectives are uttered so eloquently, so beautifully sarcastic, that his hearers fail not to evince their appreciation in applause frequent and sincere. Many of the audience are non-professional, mere listeners indeed, who have no interest other than to hear the irony and watch the grimaces of this most peculiar speaker. He has such a crabbed appearance, and the contortion of his features as he is upon the point of saying something severe is so singular and unnatural, as to be comparable only to the face of a snarling dog. A student ignorant of the language can tell when he bites. As a debater he is powerful and fearless, and in the meetings of the Academy of Medicine invariably puts down his antagonist.

Denonvilliers is perhaps the next most popular as a lecturer, and it must be by reason of his very oppositeness to his colleague, for no two men were ever more different than Denonvilliers and Malgaigne.

Jarjarvay makes the hour pass pleasantly, notwithstanding the difficulty of his subject.

From among the clinical professors Trousseau must be chosen as the true orator. Indeed this ought to be his forte, for in early life, besides being a legislator, he was professor of rhetoric. Few men are more admirable for both talent and exterior looks. In manner and appearance he reminds me greatly of Dr. Willard Parker.

Jobert de Lamballe is surgeon to the Emperor, and is besides as unfeeling as a Maisonneuve. He seems never pleased, for ever growling at his aids, doing everything but

kicking them, and patients in his wards are scolded at like dogs.

What a contrast is the gentle Nélaton! All mildness with his assistants, and showing extreme sympathy for the sick. The largest *chiclé* lies between him and Trousseau. I am told that Nélaton's income is about 200,000 francs.

Velpeau has been now so long walking the wards, and so long famous, that to foreigners in particular he has become a perfect old curiosity. He is about the first one that the American student just arrived asks to be shown to. In a recent visit to Tours I understood that his studies were begun there, but so long ago that the oldest doctor did not remember. He has more internes and externes under his care than any other, especially of Spaniards. The crowd after him is so large that it is nearly impossible to see more than every fourth bed. He is familiar and kind to every one.

Piorry is called a great oddity with two great hobbies—the making of new sounds by his fingers, and new names with his tongue. For those who have faith to the very finest point in percussion he must be their king. As an instance of his perfection I may mention that I have known him to percuss the spleen some few hours after giving quinine, and detecting a diminution of its volume! He uses simply the pleximeter, to which he has given some new name which I forget. While percussing he never listens, at least scarcely ever. The *tactus eruditus* is upon his fingers, so that the slightest abnormality is at once perceived by them, and simultaneously, uninterruptedly, he announces to his followers the precise condition of the organ in question. His class is only moderate in size, and mostly made up of foreigners. I heard Maisonneuve once say that Piorry could detect and describe a clot beneath the cranium.

Bouillaud is no doubt a little vain of his resemblance to the first Napoleon. For my part I could never see it: but one thing is pretty certain, that is, although a physician he has spilled more blood than any surgeon in Paris. What does Bouillaud do? Bouillaud bleeds.

In conclusion, this sketch of the faculty, I am well aware, is too brief to be perfect. Written without research, I have merely jotted down the facts uppermost in my mind. Many others are well worthy of notice, but these few are the professors that I have followed most, and consequently with whose peculiarities I have become most familiar.

It pleases me to be able to state that I have added the following Parisian journals to the exchange list of the MEDICAL TIMES: L'Union Médicale; La France Médicale; Le Courrier Médical; Archives de Médecine; La Revue Therapeutique Médico-Chirurgicale; Gazette Hebdomadaire; Moniteur des Sciences; and Le Bulletin Therapeutique.

Army Medical Intelligence.

LIST OF THE NAMES OF SURGEONS APPOINTED TO THE VOLUNTEER REGIMENTS OF THE STATE OF NEW YORK, SINCE DECEMBER 1, 1861, AND THE CHANGES WHICH HAVE OCCURRED IN THE REGIMENTS IN THE FIELD FROM THE SAME DATE.

Dec. 8, 1861.—James C. O'Neill, M.D., Assist. Surgeon 5th Regt., Irish Brigade, since changed to Artillery Regt. Dec. 4.—Elbridge G. Seymour, M.D., Assist. Surgeon, Sacketts Harbor, 94th Regt. Dec. 8.—R. B. Berk, M.D., Surgeon 12th Militia. Dec. 10.—Robert Morris, M.D., Surgeon 91st Regt.; D. S. Landon, M.D., Surgeon Col. Viele's Regt. stationed at Troy. Dec. 12.—Lawrence McKay, M.D., Surgeon 6th Regt., Cavalry; John B. Cooper, M.D., Surgeon 5th Regt., Cavalry; Lucian P. Woods, M.D., Assist. Surgeon 5th Regt., Cavalry; Hiland A. Weed, M.D., promoted from Assist. Surgeon 17th Regt., to Surgeon 20th Regt., vice S. N. Flake, resigned; Lewis Tice, M.D., Assist. Surgeon 17th Regt., vice Hiland A. Weed promoted. Dec. 13.—Henry Hewitt, M.D., Surgeon 92d (Potsdam) Regt.; Thomas Bradley, M.D., Surgeon Irish Regt., organizing at Rochester. Dec. 14.—Charles S. Goodrich, M.D., Surgeon "Van Buren Light Infantry," organizing at New York; William H. Wiser, M.D., Assist. Surgeon 2d Regt., Artillery, vice Spencer H. Brown, resigned; Robert Treat Paine, M.D., Jr., Assist. Surg. 26th Reg. vice Matthew F. Ryan, M.D., discharged. Dec. 17.—G. J. Fisher, M.D., Surgeon of 3d Regt., Eagle Brigade, organizing at Sing Sing. Dec. 18.—Stowbridge Smith, M.D., Surgeon 93d Regt., (Washington Co. Regt.), stationed at Albany. Dec. 18.—Malaga Case, M.D.,

promoted from Assist. Surgeon to Surgeon 48d Regt., vice J. Harry Thompson, M.D., promoted to Brigade Surgeon. Dec. 17.—Andrew H. Smith, M.D., Assist. Surgeon 48d Regt., vice Meigs Case promoted; Spencer S. Sloat, M.D., Surgeon 95th Regt., in process of organization at New York. Dec. 20.—T. C. Wallace, M.D., Assist. Surgeon 98d Regt. (Washington Co. Regt.), stationed at Albany. Dec. 21.—Morris W. Townsend, M.D., Surgeon 47th Regt., vice Whitman V. White resigned; E. Vandrey, M.D., Surgeon "Enfens Perdus," in process of organization at New York; Frederick Wolf, M.D., Surgeon 39th Regt., vice Leopold Zander resigned; William H. Hall, M.D., Assist. Surgeon 38th Regt., vice Louis D. Radzinsky resigned. Dec. 23.—Charles Goodale, M.D., Surgeon 94th Regt., in process of organization at Sacketts Harbor. Dec. 26.—Brower Gessner, M.D., Assist. Surgeon 88th Regt., vice Stephen Griswold deceased. Dec. 27.—David B. Dewey, M.D., Assist. Surgeon 84th Regt. (14th Militia). Dec. 28.—George S. Dilts, M.D., Surgeon "Jackson Artillery," organizing at New York.

Jan. 3, 1862.—A. H. Whitford, M.D., Surgeon 99th Regt., "Union Coast Guard," vice Johnson Clark, M.D., deceased. Jan. 6.—George Bayles, M.D., Assist. Surgeon "Col. Doubleday's Regt., Heavy Artillery." Jan. 14.—L. J. Marvin, M.D., Assist. Surgeon of Regt. forming at Rome. Jan. 16.—Charles J. Klipp, M.D., Assist. Surgeon "Seages Artillery;" Julius A. Skilton, M.D., promoted from Assist. Surgeon 80th Regt., to Surgeon 87th Regt., vice Warren Cleveland, M.D., resigned; Fowler Prentice, M.D., Assist. Surgeon 80th Regt., vice Julius A. Skilton, M.D., promoted. Jan. 17.—William Q. Mansfield, M.D., Assist. Surgeon 92d Regt., organizing at Potadam; August Hermann, M.D., Assist. Surgeon 29th Regt., vice Chas. H. Osborne, M.D., resigned. Jan. 18.—Eli Samuel Euggles, M.D., Surgeon 99th Regt., "Union Coast Guard." Jan. 30.—K. B. Berky, M.D., Surgeon "Col. Doubleday's Regt., Heavy Artillery," (transferred from 12th Militia). Jan. 23.—J. E. McDonald, M.D., Surgeon 79th Regt., vice Dr. Norval on parole. Jan. 24.—T. Lewis Hedler, M.D., Surgeon of Regt. organizing under Col. Egloffstein at New York; James L. Farley, M.D., promoted from Assist. Surgeon to Surgeon 84th Regt. (14th Militia), vice J. M. Homiston, M.D., on parole.

DR. R. B. McCAY, Brigade Surgeon, formerly in charge of the General Hospital at Fortress Monroe, from which he was relieved at his own request, has been appointed Post Surgeon, and is now in charge of the Post Hospital, in place of DR. CUYLER.

STATISTICS OF DISEASES AT FORTRESS MONROE.

[Army Correspondence of the AMERICAN MEDICAL TIMES.]

FORTRESS MONROE, VA., Jan. 14, 1862.

I AM permitted to place at your disposal the following, from the reports of the several Surgeons of this Division of the Army, for the month of Dec., 1861.

There were 12,215 enlisted men, and 503 officers, reported on the last day of December. There were 2783 taken sick during the month, of whom 32 were sent to the General Hospital for treatment; 2087 were returned to duty; 25 received furlough; 74 were discharged from service; 27 died; and there remained 288 sick, and 653 convalescent.

The diseases were, of fevers, 11 cases of continued; 207 of intermittent; 130 of remittent; and 105 of typhoid. There were 3 cases of erysipelas; 99 of rubeola; 2 of variola; 3 of varioloid; 2 of cholera morbus; 35 of colic; 100 of constipation; 268 of acute diarrhoea; 4 of chronic diarrhoea; 45 of dysentery; 47 of dyspepsia; 18 of gastritis; 1 of chronic hepatitis; 16 of icterus; 1 of peritonitis; 1 of splenitis; 52 of tonsillitis; 8 of asthma; 201 of acute bronchitis; 16 of chronic bronchitis; 318 of catarrh; 6 of hæmoptysis; 7 of laryngitis; 9 of phthisis pulmonalis; 12 of pleuritis; 7 of pneumonia; 8 of angina pectoris; 1 of varicocele; 1 of apoplexy; 15 of cephalalgia; 1 of cerebritis; 5 of epilepsy; 1 of irritatio spinalis; 1 of mania; 16 of neuralgia; 1 of paralysis; 3 of syphilitic bubo; 19 of gonorrhoea; 7 of ischuria et dysuria; 1 of nephritis; 15 of orchitis; 4 of stricture of urethra; 4 of primary syphilis; 10 of consecutive syphilis; 1 of anasarca; 1 of hydrocele; 24 of lumbago; 132 of acute rheumatism; 34 of chronic rheumatism; 19 of abscess; 2 of anthrax; 6 of paronychia; 19 of phlegmon; 26 of ulcer; 3 of burns; 38 of contusion; 5 of fracture; 4 of hernia; 2 of luxation; 27 of sub-luxation; 47 of incised wound; 30 of contused and lacerated wound; 6 of punctured wound; 9 of gunshot wound; 2 of amaurosis; 20 of ophthalmia; 3 of otalgia; 5 of otitis; 3 of otorrhoea; 52 of debility; 22 of hæmorrhoids; 12 of morbi-cutis; and a few others of no importance.

Of the 27 deaths, 14 occurred at the General Hospital. The diseases were, from typhoid fever, 15; capillary bronchitis, 3; typhoid pneumonia, 2; double pneumonia, 1; cerebro-spinal meningitis, 1; rubeola, 1; cerebritis, 1; apo-

plexy, 1; epilepsy, 2; enteritis, 1; and 1, the disease not given.

The weather during the month was very fine, like early Autumn in the more Northern States, except that it was not so cold. From the Register I take the following:—There were during the month 25 fair days, and 6 cloudy, 2 of rain, and one, it snowed a very little. The mean temperature for the month was 46°, maximum, 63°, minimum 30°.

The regiments at Camp Hamilton and Newport News, except those provided with houses in which to treat their sick, have built hospitals for themselves of logs, which they bring from the woods—the crevices between the logs filled with clay—for the roof, U. S. provides them with boards. They are 18 feet by 30, and make very comfortable quarters for the sick.

I hear no complaints among the medical officers, except, that too much physic, and too little surgery is required of them.

J. W. HUNT,
Surgeon, 10th Reg. N. Y. V.

Medical News.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.—The "TIMES" will be before its readers in season to remind them of the meeting of the Medical Society in Albany, on Tuesday, Wednesday, and Thursday of next week. The New York County Society is entitled to seventeen delegates, New York Academy of Medicine to five, four Medical Colleges each one, Kings County Medical Society to seven, and Long Island College Hospital to one, making from New York and Brooklyn, thirty-four delegates. How many of this number will be present? Let the answer be creditable to the profession in both cities. Everything promises favorable for an interesting meeting. The address by Dr. E. H. Parker, on Wednesday evening, will doubtless be able, eloquent, and patriotic. The Society will be entertained by the Surgeon-General, and Dr. Swinborne.

BENJ. E. BOWEN, M.D., Chairman of the Committee on Medical Societies and Colleges of the Assembly of this State, is an able and accomplished physician, from the county of Oswego; his residence being Mexico. It is fortunate for our profession that the chairman of this committee has always been one of the best representatives.

DR. GURDON BUCK has resigned the post of Surgeon to the New York Eye Infirmary, and DR. F. J. BUMSTEAD, late Assistant Surgeon, has been appointed to fill the vacancy.

DEATH OF DR. DANIEL BROOKS.—At a meeting of the Kings County Medical Society, convened on account of the death of Dr. Daniel Brooks, late President of the Society, the following resolutions were unanimously adopted:

Whereas, In the dispensation of Providence, our friend and fellow member, Dr. Daniel Brooks, late President of this Society, has been removed by death, therefore be it

Resolved, That while we recognise the wisdom and goodness of God in all His ways, and bow in humble submission to his inscrutable decrees, we cannot but deplore the loss of one who was endeared to us in all his social and professional relations, and for whose manly and ingenuous character we had an unqualified respect.

Resolved, That the warmest sympathy of this Society is felt for the family who so suddenly and under such peculiarly trying circumstances have been deprived of a husband and father.

Resolved, That the Society attend the funeral of our brother in a body, wearing the usual badge of mourning.

Resolved, That a copy of these resolutions be sent to the family of the deceased, entered on the minutes of the Society, and published in the Brooklyn papers, and the AMERICAN MEDICAL TIMES.

JOHN G. JOHNSON, M.D., Secretary.

MARRIED.

LANING—TOUCET.—January 12, 1862, in Zion Church, McLean, W. N. Y., by the Rector, the Rev. C. S. Percival, A.M., OLIVER LANING, M.D., and Miss SABINA JANE TOUCET—all of McLean.

PUBLICATIONS RECEIVED.

On the Animal Substances employed as Medicines by the Ancients. By G. J. Fisher, A.M., M.D., of Sing Sing, N. Y.

A System of Surgery; Pathological, Diagnostic, Therapeutic, and Operative. By Samuel D. Gross, M.D., Professor of Surgery in the Jefferson Medical College of Philadelphia, etc., etc. Illustrated by twelve hundred illustrations. Second edition, much enlarged and carefully revised, in two volumes. 1862.

Eighth Registration Report of Rhode Island. 1860.

TO CORRESPONDENTS.

Communications are on file for insertion from Dr. Chas. W. Rawson, Surgeon to the 5th Iowa Reg. Vol.; Dr. William O'Meara, Surgeon to the 37th Reg., N. Y. Vol.; Dr. James Bryan, late Surgeon to the Cameron Dragoons; Dr. Geo. W. Willison, Fort Michigan, Va.

Re vaccination.—I find revaccination successful in many instances where there is a well defined cicatrix from former vaccination. I have, in one instance, seen the variolous eruption appear after the vaccine vesicle was fully and perfectly formed upon a person who had had in childhood the cow pox, contracted direct from the cow, and who has perfect and well formed cicatrices about the wrists indicative of that distemper.

O. S. C.

PHILA., JEFF. CO., N. Y.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 20th day of January to the 27th day of January, 1862.

Deaths.—Men, 77; women, 89; boys, 119; girls, 106—total, 391. Adults, 66; children, 225; males, 196; females, 196; colored, 6. Infants under two years of age, 185. Children reported of native parents, 24; foreign, 180.

Among the causes of death we notice:—Apoplexy, 10; Infantile convulsions, 36; croup, 11; diphtheria, 14; scarlet fever, 36; typhus and typhoid fever, 10; cholera infantum, 0; cholera morbus, 0; consumption, 61; small-pox, 14; dropsy of head, 14; infantile marasmus, 8; diarrhoea and dysentery, 0; inflammation of brain, 6; of bowels, 7; of lungs, 40; bronchitis, 7; congestion of brain, 9; of lungs, 10; erysipelas, 4; whooping cough, 7; measles, 1. 239 deaths occurred from acute disease, and 28 from violent causes. 211 were native, and 130 foreign; of whom 78 came from Ireland; 7 died in the Immigrant Institution, and 37 in the City Charities; of whom 8 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Jan. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity Sat. 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	.	.	.	.	.
19th.	29.81	.80	83	80	84	1	1½	E.	10	930
20th.	29.78	.86	82	80	84	1	2	N.E.	10	930
21st.	30.00	.19	28	26	31	3	4	N.W.	10	775
22d.	30.00	.08	31	27	35	3	4	N.W.	10	750
23d.	30.00	.01	33	26	40	3	5	N.W.	10	750
24th.	30.00	.23	31	28	36	3	4	N.E.	10	750
25th.	29.47	.60	33	30	36	½	1	N.E.	10	960

REMARKS.—19th, Light rain all day, fog late P.M. 20th, Rain-storm all day. 21st, Wind fresh late P.M., with snow. 22d, Snow early A.M. 23d, Variable sky mid day. 24th, Barometer nearly stationary for the previous four days, followed by a remarkable gale, commencing with hail at 8 P.M., which continued all the night and the forenoon of the 25th, with hard rain from early A.M. to noon. Heavy rain again from 5 to 7 P.M. Amount of rain, melted snow, etc., for the week, four inches.

MEDICAL DIARY OF THE WEEK.

Monday, Feb. 3.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M.
Tuesday, Feb. 4.	{ NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, Feb. 5.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, Ia. Hos., half-past 1 P.M. EYE INFIRMARY, 12 M.
Thursday, Feb. 6.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, Feb. 7.	{ NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, 12 M. EYE INFIRMARY, Dr. Noyes's Lecture, half-past 1 P.M.
Saturday, Feb. 8.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.—Pursuant to Statute, the Fifty-fifth Annual Meeting of the Medical Society of the State of New York, will be held on the first Tuesday of February next (Tuesday, February 4th, 1862), in the City of Albany. The meeting will be held in the City Hall.

NEW YORK COUNTY MEDICAL SOCIETY.—The Stated Monthly Meeting of this Society will be held at the College of Physicians and Surgeons, corner of Fourth Avenue and Twenty-third street, on Monday, 3d inst., at 7½ o'clock P.M. Medical intelligence to be communicated and discussions to be held.

NEW YORK ACADEMY OF MEDICINE.—DR. I. E. TAYLOR will read a paper on the Non-Shortening of the Neck of the Uterus up to full term of pregnancy, illustrated with diagrams of the different views entertained on the subject, on Wednesday evening, February 5th. After which, DR. J. BYRNE will read a paper on "Pelvic Hematocoele."

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This work embraces a consideration of the Examination of Recruits, the Hygiene of Troops, relating to Diet, Dress, Exercise, &c.; Accommodation of Troops in Tents, Huts, Barracks, &c.; the Construction and Location of Hospitals; Preparations for the Field; Flying Ambulances, Litters, &c., also, Gunshot Wounds, Amputations, Hospital Gangrene, Scurvy, &c. United States Army Regulations, with many other matters pertaining to Military Surgery.

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By SAMUEL R. PERCY, M.D.,
PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE III.

AURUM.—GOLD.

Gold and its Compounds.

GENTLEMEN:—Gold has been known from the earliest ages of antiquity; by the Alchemists it was termed *Sol* or *Rex Metallorum*. It is one of those elements which, in its metallic state, physicians as a class are too little acquainted with; that we may grow more familiar with its virtues and powers, let us study intimately the medicinal effects of its compounds upon the human system.

The compounds of gold have been introduced into medicine during the present century, and will therefore come within the range of "New Remedies." Metallic gold in a state of very fine division has long been used in medicine. Dr. Pitcairn used it in 1715, and recommended it as superior to mercury in the treatment of syphilitic disease.

We will first give you brief and concise methods for the preparation of the medicinal compounds of gold; we will afterwards speak of their therapeutical uses.

Pulvis Auri is prepared by rubbing gold leaf to a very fine state of division with sulphate of potash, sifting, and then washing away the sulphate of potash with boiling water. It is also prepared by precipitating the gold from its terchloride with protosulphate of iron; the precipitate is washed with water, and with dilute nitric acid. In the latter there is generally a small amount of oxide of gold.

Auri Peroxidum.—This preparation is called by different names, as teroxide, peroxide, auric oxide, and auric acid. Its composition is AuO_3 . It is prepared by adding one part of chloride of gold to forty parts of water, and then boiling with four parts of calcined magnesia; the precipitate is washed with water, and with dilute nitric acid. When anhydrous it is of a brown color; the hydrate is a reddish yellow. It is readily reduced to the metallic state by heat, or by the sun's rays. It is insoluble in water, but is soluble in hydrochloric acid, forming terchloride of gold; it is also soluble in the alkalis, with which it forms compounds called aurates.

Auri Perchloridum is prepared by dissolving gold in three times its weight of nitro-hydrochloric acid with the aid of moderate heat. The solution is evaporated nearly to dryness until vapors of chlorine begin to be disengaged, it is then allowed to crystallize. It is in small crystalline needles of an orange red color, inodorous, and having a strong, styptic, caustic, and disagreeable taste. It is necessary to keep it in closely stopped bottles, as it is very deliquescent. It is soluble in water, alcohol, and ether. It is decomposed by most of the metals, by phosphorus, protosulphate of iron, charcoal, sugar, gum extractive, tannic and gallic acids. It stains the skin a purple color.

Sodii Auro-Terchloridum.—Auro-terchloride of sodium is prepared by dissolving eighty-five parts of terchloride of gold and sixteen parts of chloride of sodium in a small quantity of pure water. The solution is evaporated and allowed to crystallize. It crystallizes in orange-colored elongated prisms, which are permanent in the air, and soluble in water.

Auri Iodidum is prepared by adding a solution of iodide of potassium to a solution of terchloride of gold, as long as a precipitate is produced. Double decomposition takes place and iodide of gold and iodine are precipitated,

AM. MED. TIMES, VOL. IV., No. 6.

which, when washed with alcohol to remove the excess of iodine, is of a greenish yellow color. It is insoluble in cold water, but is soluble in alkaline solutions.

Auri Percyanidum is prepared by adding a solution of pure cyanide of potassium to a neutral solution of terchloride of gold, until a precipitate ceases to be formed. It is a yellow powder, which is insoluble in water.

We have spoken of the arsenate of gold under the head of Arsenious Acid.

Therapeutical Uses.—Gold in a minute state of division has been used by many of the European physicians, but so far as my knowledge goes has been but little used in this country. I have known one instance of its administration with favorable results:—An officer of a ship had contracted syphilis in Paris the night before his departure; he was told by a French gentleman on the ship, that powdered gold would cure him better and quicker than mercury. On his arrival in this port he placed himself under the care of a quack, who salivated him to a fearful extent. At this state he got ten grains of gold leaf, rubbed it up very finely with sugar, and took the whole at a dose. Within twenty-four hours the painful accompaniments of his salivation had disappeared, the syphilitic ulcer had healed, his appetite had greatly improved, and he said he felt as well as ever except the foster of his breath. He repeated the same dose twice afterwards with no ill effects, and he said with marked improvement in his health and spirits. He was strongly tinctured with several of the modernisms of the day, and attributed the beneficial results he experienced from the gold to its forming an amalgam with the mercury in the system and thus removing it. He reversed the doctrine of the old alchemists, and sent the nobler metal in search of the baser. This is a much larger dose than is usually administered; from one-quarter to one grain, three times a day, being the dose usually recommended.

Of the salts of gold, the oxide is the mildest, and the chloride the most active. If the theory, so earnestly stated by Mialhe, of the conversion of the mild chloride of mercury into the corrosive chloride in the intestines were true, there would be infinitely more room here for asserting that the oxide of gold had no action upon the system, and that its effects were entirely owing to its becoming a soluble chloride in the system. This change would undoubtedly take place with greater readiness with the oxide of gold, as it is readily soluble in alkaline solutions and has great affinity for chlorine, and yet we see that much larger doses of the oxide of gold can be given than of the chloride. I have no doubt of its becoming soluble and being absorbed into the system, but it is milder when taken as an oxide than when taken as any of the soluble salts.

The oxide and various salts of gold have been extensively used by Chrestien, Niel, Gozzi, Le Grand, Magendie, and others, and several monographs have been printed at Paris on the use of the preparations of gold in syphilis. Chrestien recommended it in preference to mercurials in the primary form of syphilis; but few now use it in the primary form. In moderate doses the salts of gold produce an increased fulness and frequency of the pulse, an improved appetite, and an augmented action of the skin. They stimulate the nervous system, increase the mental energy, and after a time produce decided aphrodisiac effects. They largely increase the secretion from the salivary glands, although they do not produce the sore mouth and the foster that is produced by mercury.

Dr. Chrestien thinks that the terchloride of gold is very analogous, both in its chemical composition and therapeutic effects, to the corrosive chloride of mercury, but that it acts more energetically as a stimulant though less powerfully as a sialagogue than the latter salt. Orfila, who tried experiments with it on animals, says that it acts as a corrosive, and destroys animals by inflammation of the coats of the alimentary canal, but that it has less energy than corrosive chloride of mercury.

To produce its curative action in syphilis, it is considered necessary to produce, and for a while sustain, the peculiar

state of irritation or excitation that it causes, but this state must be restrained within proper limits. Under its full curative effects there is increased fulness and frequency of pulse, augmentation of urine, saliva, and perspiration, a moist tongue, with no disorder of the bowels. If the dose is too large, and continued for too great a length of time, there is headache, gastric irritation, a dry red tongue, soreness of the fauces, griping pains in the bowels, cramps, and diarrhoea; if these are not soon controlled, there is great heat of the skin, agitation and loss of sleep, gastritis and fatiguing erections; and, from the experiments of Orfila, poisonous doses would no doubt produce much the same symptoms and results as the corrosive chloride of mercury.

The febrile action produced by the salts of gold may be more readily controlled than those produced by the salts of mercury. Free use of warm alkaline demulcent drinks will alone frequently remove all unpleasant effects, and if during the administration of the salt a febrile action is induced, it may be removed in a short time by free diluents combined with opiates.

You may frequently find these salts useful in the tertiary forms of syphilis. Iodide of potassium, as you know, is frequently used with great benefit in this form, yet there are cases where it produces very little benefit. These, in my experience, are those cases where the disease has progressed to the latter form without the use of mercury during the primary disorder, or wherein too little was used to effect a cure. In these cases the corrosive chloride of mercury in combination with the iodide of potassium, forming the corrosive iodide of mercury, or the same remedy in combination with tonics, would effect a cure; but from various causes you frequently cannot use any mercurial. In these cases any of the salts of gold (I have used the chloride and the iodide), used and maintained to their second degree of operation, have a very happy and salutary effect; but it is necessary, as it is in administering mercurials, to see your patient frequently, and closely watch the effects of the medicine, and control it within its curative operation. There are also cases where the mercurials exert no beneficial effects, and there are also times where for obvious reasons their use is contra-indicated. Here the salts of gold are often of great benefit.

These salts have been recommended as general tonics and alteratives, but as we have remedies of known powers, I have never used them for such effects.

Modes of Administration.—The oxide of gold as well as the salts have been administered by way of friction upon the inside of the cheeks and gums; by this method from a quarter of a grain to a grain of the oxide, or one-sixteenth to one-tenth of a grain of the chloride or cyanide, may be used twice or thrice daily, mixed with some inert powder, as starch or lycopodium, and rubbed for several minutes upon the tongue, cheeks, or gums. In this way it is said to produce no soreness of the gums, and no irritation of the bowels. I have never administered it in this way. Niel preferred its employment endermically by applying it over a blistered or ulcerated surface. Le Grand used the oxide in lozenges, and gives the following formula for their preparation:—Auri oxidi, gr. vj.; sacchari albi pulv. ʒj. Tere et misce, dein adde muc. tragacanthæ, ut fiat moles, in pilulas sexaginta dividenda. In this formula each lozenge contains one-tenth of a gr. of the oxide. In most of the works the various salts are recommended to be made into pills, but in my opinion they never should be made into pills. All the salts are very easily decomposed, and most of them are caustic in their local application. It is better then that they should be always fully diluted. The iodide, the cyanide, and the oxide can be taken in any of the alkaline solutions freely diluted with any pleasant flavored syrup. The chloride and the auro-terchloride of sodium are soluble in water or syrups. Any of them may also be taken in the double gelatine capsules without taste, and followed with a drink of water or any demulcent fluid.

Dose.—The dose of the oxide may be from one-quarter to one grain three times a day. The dose of the chloride

is from one-sixteenth to one-eighth of a grain; of the cyanide about the same. The iodide may be taken in rather larger doses, as from one-tenth to one-sixth of a grain, and the auro-terchloride of sodium in about the same quantity.

Antidotes.—The treatment in poisoning would be much the same as for corrosive chloride of mercury.

Original Communications.

MEDICO-LEGAL POINTS

IN A CASE OF

SUSPECTED HOMICIDAL CUT THROAT,

AS PRESENTED AT A MEETING OF THE NEW YORK ACADEMY OF MEDICINE, HELD DEC. 18, 1861.

By A. CLARK, M.D.,

PROFESSOR OF PATHOLOGY AND PRACTICE OF MEDICINE IN THE COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

(Continued from page 64.)

MOVEMENTS, VOLUNTARY OR INVOLUNTARY.

REGARDING the power which this woman might possess after inflicting this wound upon the throat, of passing the hand over the face, placing it in one or two spots on the pillow, and of letting it fall again in the position in which it was found, it is not inappropriate to consider two classes of facts: I. Those which relate to voluntary motion after fatal wounds have been inflicted, and II. Those that refer to convulsive and involuntary movements resulting from hæmorrhage.

On the first of these points Taylor (page 347) remarks: "There are several cases on record which show that wounds involving the common carotid and its branches as well as the internal jugular vein do not prevent the exercise of voluntary power and running a certain distance," and page 270, "Suicides do not immediately perish from wounds that are commonly termed mortal, on the contrary they have power to perform acts of volition and locomotion which might seem incompatible with their condition." Among a considerable number of instances recorded in which persons with wounds in the neck, that were almost immediately fatal, have performed such acts of volition and locomotion, two are referred to by Brierre de Boismont (*Annales d'Hygiène*, xli., page 143) who cut their throats before a mirror, walked across the room by the aid of the furniture, covering the floor with blood, and, reaching their beds, lay down and died.

In a case referred to in Beck (vol. ii., page 350), a woman in whom the left carotid artery was cut, and many branches of the carotids and jugulars, walked twenty-three yards, crossed a stile three feet ten inches high, and then died. A man afterwards found that the time required for him to do this was thirty seconds.

The case already quoted from Degranges, in which a man after cutting his own throat went to and returned from another story of the house, and with apparent great deliberation hanged himself, illustrates the same point. It is not evident in any of these cases that both carotids were cut, still they leave us to the inference even when both were cut that certain voluntary motions can be performed, and probably all that were supposed to have been performed in this case. But with reference to convulsive movements there can be no doubt that they are common in death from hæmorrhage, and more common the more rapidly fatal the bleeding. These convulsive movements are known to last as long as the bleeding continues, and analogy permits us to infer that in these cases they may have continued at least thirty seconds after the wound was inflicted.*

* For a treatise on the subject of convulsions from hæmorrhage, vide *Kusmanow and Tenner (New Sydenham Society Pub.)*. See also, *Hypoparates, Marshall Hall, Medico-Chirurg. Trans.*, vol. xiii., page 154. *Travers Constitutional Irritation*, page 359. *Beck*, vol. ii., page 352.

SPRINKLING OR SPIRTING OF BLOOD.

The sprinkling or spirting of blood from wounds in the neck appears to have attracted but little the attention of medical jurists. In by far the largest proportion of cases it is not mentioned, even when the description is in great detail. In this case, however, it became a question of importance, on the theory that the woman was suffocated and that her throat was cut afterwards. It was urged that in such a case the spirting of blood would be little or none at all, while on the other hand it was claimed that if the throat was cut in full life the blood should have been thrown to a considerable distance upon the bed, and even upon the walls of the room. It was even claimed by one of the medical witnesses that a cut made in this situation, the heart being vigorous, the head in the line of the body, the body lying upon the back, that the blood would have been thrown from each carotid past the lips of the wound, past the jaws and head, and would have struck in full force against the head-board. My researches have led me to the inference that when the carotids are entirely divided the spirting or sprinkling of blood from them is almost nothing; but that when either of them has been partially divided so as to give such direction to the current of blood as that it will flow forward, unobstructed by the lips of the wound, then the jetting or sprinkling of blood may be considerable. Thus in the case already quoted from Marc, of the young man who cut his throat standing before a window, the furniture and window were spotted with blood to the height of about three feet, an overturned chair was sprinkled with blood, a night-cap on a step before the window, raised about one foot, was spotted on its upper side. In this instance neither carotid was entirely severed, both were cut into "and the right half cut, the left more than half cut."

In a case reported by Rami, Adelon, Dubois, and Boyer (*Annales d'Hygiène*, xv. 394; *Beck*, ii. 134), in which only about one pound of blood was lost, the throat was supposed to be cut while the woman was standing a short distance from a wall; the wall was sprinkled to the height of three feet four inches at one spot, and at another spot to the height of two feet six inches. In this case the right carotid was cut in two-thirds of its circumference, on its inner side.

In the case of Mrs. Duval, referred to by Beck (ii. 214), reported by Devergie (*Legal Medicine*, ii., page 168), the larynx and hyoid bone were broken, the superior thyroid artery was cut, but the carotids were not. The blood had been thrown in jets over the features, but it is not remarked that it was thrown upon the furniture. This was a case of homicidal cut-throat; the thyroid artery was enlarged to supply an enlarged thyroid gland.

In the case of Sellis, the valet of the Duke of Cumberland (*Beck*, ii.), there was a wound in the throat six inches long, dividing the arteries on both sides, whether wholly or not, is not stated. There was blood on the walls of the room, on the curtains, washstand, basin, and drawers. The body was extended in bed, but Sellis's grayat was cut in several places. On the duke were two scalp wounds, his arm was wounded, his little finger nearly cut off, and there was bloody water in the basin in Sellis's room. Under these circumstances it would seem at least questionable whether the blood upon the walls, bed, and furniture was from the arteries of the servant or the master. These are all the cases of cut-throat that I have met with in which the subject of sprinkling has been considered of sufficient importance to have been described in detail.

Taylor (page 286) makes the following statement. "The sprinkling may be expected only when the wounded artery is small, or when the blood is effused at a distance. This is a fact which medical jurists should not overlook;" but he adds that it may be accidentally sprinkled from a vein. He says also (page 277), "The hand and weapon cannot escape being marked with blood." He says also, "Sprinkling of blood, when it exists, may be evidence that it came from a living body."

BLOOD ON THE INSTRUMENT.

It is universally admitted by the authorities that in suicidal cut throat there must be a certain amount of blood upon the instrument with which the wound was inflicted, and also upon the hand that carried it; but in regard to how much of blood there should be on each, and in what relation it should be found, they are almost entirely silent. In this instance it did not appear that the blood covered the razor blade, but that it was collected in rather narrow bands and in spots upon different portions of it, a band of moderate width being described near the edge of the instrument. It was urged by the prosecution that this was an inadequate show of blood upon the weapon. By the defence it was claimed that upon a polished instrument of any kind, and especially upon a razor that had been stropped on oiled or greasy leather, blood would dispose itself as water does upon such instruments, and thus cannot be made to cover the surface uniformly, but will collect in lines and drops, much as the blood was supposed to have collected upon the instrument in this case. This is a subject, however, concerning which surgeons have the means of forming more accurate opinions than physicians. The most definite statements we find on this topic are made by Taylor. Thus (page 279) he says; "The blood on the instrument may be partly coagulated and not diffused as a mere film; this would render it probable that it had issued from a living person or animal, or from a recently dead body." Again, in the same page, he adds; "Particular attention should be paid to the manner in which the blood is diffused over the weapon. It is not unusual for a criminal to besmear with blood a knife or other weapon which has probably not been used." Thus it would seem probable, had this instrument not been used to make the wound, but obtained for the purpose of deception, as was believed by some of the witnesses for the prosecution, that the blood would not have been found collected irregularly on it, but it would, in Taylor's language, have been "besmeared" and very generally "diffused."

SUFFOCATION AND HÆMORRHAGE CONCURRING.

The fact that suffocation may occur in cut throats seems to have attracted but little attention from medical jurists, yet the fact is distinctly announced by several authorities, and is recognised in some of the reported cases. This may occur in either of two ways: by the retraction of the trachea, and its obstruction by the soft parts, or by the filling of the trachea with blood from the wound.

Briand and Chaudé (*Legal Medicine*, p. 309) state that if the trachea alone is cut, the inferior end retracts into the soft parts, the air no longer penetrates to the lungs, and death occurs from suffocation; if vessels are wounded at the same time, death is produced by suffocation and hæmorrhage.

Orfila (*Legal Medicine*, ii. 506) states, "when the trachea is completely divided, the inferior end is retracted and hidden in the neighboring parts, and the person dies of suffocation."

In the case already referred to under the head of sprinkling observed by Adelon, Dubois, Boyer, and Rami (*Annales d'Hygiène*, xv. 394) these observers all recognise the fact that the blood will flow into the trachea and cause asphyxia. It is stated in their case that the trachea was retracted one inch, and that blood was found in the air tubes and assisted in destroying life. The lungs were much engorged. In a case recited by Devergie (*Legal Medicine*, ii. 117) homicide was committed by cutting the throat with a pair of scissors. The trachea was completely divided, as was the vertebral artery. Death was produced by hæmorrhage and asphyxia, blood being found in the bronchial tubes.

In the case of the great wound already referred to, reported by the same author (*Annales d'Hygiène*, 418), it is stated that "the blood was introduced into the right bronchus only, and had penetrated into the last ramification of the tube; nothing similar was observed in the left."

In Leuret's case (*Annales d'Hygiène*, v. 236), already cited, that of the officer who cut his throat with embroidery scissors, the trachea and right carotid artery were completely divided, and the left jugular vein and oesophagus partly, and blood had penetrated into all the air tubes.

In a case of homicidal cut throat reported by Bayard (*Annales d'Hygiène*, xxxix. 433), the trachea and thyroid arteries were divided and the trachea and bronchi were filled with frothy blood, and the lungs were congested.

The fact that death may occur in this manner, and that asphyxia may play an important part in cut throats, through blood introduced in the manner here indicated, is recognised by Taylor (p. 296). He says, if in a case of a wounded throat blood should flow into the trachea, it may cause death by asphyxia. In the case under consideration, the opinion has already been expressed that blood did in this manner enter into the breathing tubes and lungs more upon the right than upon the left side; and while it is admitted that this would be a sufficient cause for engorgement of the lungs, had such engorgement really existed, the statements already made show that the quantity of blood contained in these lungs was really less than is usually found in death from common causes; at the same time it is altogether probable that these organs contained a larger quantity than if the person had died from wound of the carotid arteries without opening the windpipe.

ECCHYMOSIS OF THE TONGUE.

In nearly every instance that has been reported of suicide and homicide by wounds of the throat, the condition of the tongue has not been stated. It is more commonly referred to, and its condition described in the various forms of asphyxia. There appears to be abundant evidence of the fact that the tongue is frequently bitten when asphyxia is produced by suspension. In other forms of asphyxia, this accident does not appear to be of any particular significance or value. The opinion was expressed on the trial of this cause that biting and ecchymosis of the tongue might be the result of suffocation, but the witnesses for the prosecution failed to produce a single instance or a single professional opinion in favor of this theory, and it seems that it would be quite as natural to infer that the lesion in this case resulted from the spasmodic contraction of the muscles moving the lower jaw in the act of death as from any other cause. It is no objection to this view that both carotid arteries were cut, and that therefore the supply of blood to the tongue was in a great measure cut off, inasmuch as Christison and others have demonstrated that ecchymosis resembling that which occurs during life can be produced by violence on the dead body for about two hours after the heart has ceased to beat. Then, again, it is possible that this ecchymosis may have occurred many hours, or even two or three days before death.

Referring to the distinctive marks of hanging, Orfila (*Annales d'Hygiène*, xxvii. 143), after saying that the features, lips, and eyelids were swollen and livid, eyes red and prominent in most instances, refers to the tongue, stating that it is often but not always swollen, livid, and protruding, and adds: "If the tongue be bitten, bears marks of the teeth, and is more or less ecchymosed, this fact might give rise to the presumption of hanging."

Prof. Remer of Breslau (*Annales d'Hygiène*, iv. 178), recounting the signs of suffocation, makes the only statement that I have been able to discover which implies any relation between the biting of the tongue and suffocation. He says, regarding the tongue: "It is sometimes protruded, sometimes retracted, sometimes it is bitten in suffocation; this may be altogether unconnected with the mode of death. It is bitten or not in all kinds of death, and the fact that it is or is not bitten cannot be relied on as a sign of suffocation." This opinion, and the absence of any positive proof of the connexion here sought to be established, would seem to be quite sufficient to exclude the fact from the affirmative evidence in a trial of this sort, and attach it alone to death by suspension. The condition most com-

monly referred to as belonging to asphyxia from violence is congestion, not ecchymosis, and this congestion is described as having its principal seat at the root of the tongue, and not at the sides where this discoloration was noticed.

(To be continued.)

EXPERIMENTS WITH KEROSOLENE, AND CASES OF ITS SUCCESSFUL EMPLOYMENT.

By ASA HORR, M.D.,

OF DUBUQUE, IOWA.

HAVING observed in the *MEDICAL TIMES*, vol. iii., p. 61, a notice of the new anæsthetic, kerosolene, I sent to Mr. J. Downer, 76 Water street, Boston, for a sample for trial, and obtained on the 28th of August last, for the cost only of bottle and packing, one gallon of kerosolene, with the request that I should make a careful observation of its effects and report the results. Accordingly, the following notes and remarks are submitted for publication.

EXPERIMENT I.—Was upon myself, one hour after breakfast, by applying two drachms of kerosolene to a large napkin, and inhaling it slowly and persistently until the cloth could no longer be retained to the mouth. The effects produced were nearly similar to those I had often experienced from chloroform, but with a greater feeling of buoyancy and less thrilling noise in the head, leaving no nausea nor giddiness. Half an hour after I repeated the inhalation, breathing the vapor vigorously for thirty seconds, and then ceased before any effect was perceptible. Immediately the effect began, and continued to increase during fifty seconds, when it gradually declined and in two minutes more was entirely gone, leaving a sensation or taste in the fauces and about the molars like that from the contact of two metals in the mouth, which wholly subsided in a quarter of an hour.

EXPERIMENT II.—Was with my son, nineteen years old, in good health, with the pulse at eighty per minute, who held the napkin in his own hands, with instructions to inhale vigorously until he could no longer retain the hands to the mouth. In twenty-five seconds he announced the beginning of anæsthesia. In one minute and a half from the first, the napkin fell, followed by a few bursts of laughter, then by full anæsthesia, which lasted one minute. In six minutes more he was fully recovered, and walked deliberately out of the room. The pulse during forty-five seconds remained at eighty, then increased during two and a half minutes, reaching one hundred, and during the next minute subsided to eighty, and at the end of the sitting to seventy. In other respects it was not altered from the natural standard. He observed a taste similar to the smell of gas works, and experienced a slight smarting of the fauces.

EXPERIMENT III.—Was with a healthy, stout-built man, aged twenty-two, to whom the vapor was administered very gradually, to the extent of semi-consciousness, with no unpleasant effects. The influence of the kerosolene passed wholly off in a few minutes with no marked peculiarity.

EXPERIMENT IV.—Was made just after supper upon my wife, aged thirty-seven, in feeble health from pulmonary disease. She inhaled from a napkin, in the same manner as she had often employed chloroform for pleuritic and colic pains, and came under its full influence quite as promptly and agreeably as from her accustomed anæsthetic. She objected at first to the trial, fearing so soon after a meal vomiting would be induced if it acted like chloroform. In ten minutes after waking all effects were gone, leaving the stomach undisturbed and the head quite free from the usual unpleasantness following chloroform.

At the same time I repeated the experiment upon myself, in the same manner and with like results as before. Having thus far perceived nothing to deter me from the further trial of kerosolene, I ventured cautiously upon its use with some of my patients.

CASE I.—August 29th, administered kerosolene to a stout, middle-aged Irish woman, seven months pregnant, for the extraction of two teeth. Seven minutes were occupied in procuring the requisite degree of insensibility, when the teeth were removed, with no resistance, and without her knowledge. She awoke one minute after with no unpleasant consequences. When asleep, the left eye for a moment was perfectly closed, while the right stood widely open, and the hands and feet were at the same time slightly convulsed. Breathing and pulse regular all the time. Face slightly pallid during the operation. In twenty-five minutes from the first inhalation, she walked from the office quite recovered from all effects of the vapor.

CASE II.—Mrs. W., aged thirty-three, healthy, about to miscarry at the third month, had morbid tenderness of the uterus, causing exquisite suffering at each regular contraction, and also great pain on touching the cervix with the finger. The membranes having previously ruptured and a serious hæmorrhage existing, artificial dilatation of the os was attempted to hasten expulsion, to which she refused to submit without anæsthesia. Kerosolene was then slowly administered to the extent of maintaining semi-consciousness for two hours, the contractions going on regularly and efficiently with the most pleasant and favorable effect. Prior to the inhalation she was restless and greatly alarmed, but after a few inspirations of the anæsthetic she became calm, and remained tranquil until delivery was accomplished, involving the forcible separation of the placenta. In half an hour she was wholly recovered from the anæsthetic, and expressed a decided preference for kerosolene over ether, which had been given during a regular labor three years before, which was used in large amount, attended with great mental and muscular excitement. She made a rapid and complete recovery.

CASE III.—Mrs. R., aged twenty-one, in good general health, and nursing her first child, four months old, suffered severely from three carious wisdom teeth, which she desired extracted with the aid of an anæsthetic. She had often taken chloroform, always requiring a large amount, for severe neuralgic pains during pregnancy, and also at her accouchement, with uniformly good effect, except that vomiting was often induced. I decided in this case upon the use of kerosolene, and employed *one ounce* before she became insensible, occupying a period of ten minutes. On endeavoring to open the mouth found the jaws firmly closed. Just then the eyes turned obliquely upwards, the pupils were largely dilated, and the face suffused, while the arms and legs were slightly convulsed, exactly resembling a common fit of fainting. On immediately lowering the head by tilting the chair far back, the fit passed off, leaving her thoroughly etherized. One tooth was now extracted, when she instantly awoke. The kerosolene at hand being gone, chloroform was substituted, when she immediately grew pale and vomited. The other two teeth were now easily removed without her knowledge.

During the whole time of administering the kerosolene the florid tint of the face continued, and the pulse beat regularly and full. The breathing was partially suspended during the apparent syncope. No unpleasant symptoms followed the operation.

CASE IV.—October 1st, Mrs. K., aged thirty-four, healthy, in labor with her sixth child, used kerosolene during one hour and a half, to the extent of maintaining partial anæsthesia; and, during the last stage of labor, occupying half an hour more, to the fullest practicable degree. It acted kindly, promptly, and in about the same quantity as is usually required of chloroform, without the least unpleasant symptom either during labor or afterwards. I administered chloroform to this lady four years ago, when delivered of twins, with like good results.

From prudential considerations I now decided upon another method of testing further the action of kerosolene, employing it in union with chloroform with *all* my cases requiring an anæsthetic; beginning with one part of the former to five of the latter, and increasing the kerosolene

slightly with each successive case, until the proportion of half and half by measure was reached. In this manner the mixture has been given in five obstetrical and fifteen minor surgical cases; to three of the former and seven of the latter in the last named proportions, and in all with uniformly happy and satisfactory results.

The use of this compound appears to be attended with less disturbance of the stomach, fuller circulation in the capillaries, and less irritation of the air passages during inhalation than chloroform; otherwise, its action is precisely as if no kerosolene were added. The amount by measure to produce a given effect is but slightly greater than would be required of chloroform. An obvious advantage in favor of kerosolene is its exceeding cheapness; being afforded, it is said, at seventy-five cents per gallon.

I propose for the present to continue the use of the half and half mixture, hoping ere long to profit by the experience of others who may be inclined to report these experiments and extend their observations further than I have done.

Jan. 5, 1862.

BENEFICIAL RESULTS

FROM THE USE OF

MECHANICAL APPLIANCES IN POTT'S DISEASE OF THE SPINE.

ILLUSTRATED WITH CASES.

By JACOB A. WOOD, M.D.,

OF NEW YORK.

In the *N. Y. Journal of Medicine*, a short time previous to its change in form, a series of reports of cases of Pott's disease of the spine were commenced, the object of which was to show conclusively, that a cure in that disease did not necessarily consist of curvature, as was usually maintained; also, that the further progress of the curvature might generally be arrested from the time treatment commenced, and, in recent cases, a cure effected, with the curvature nearly or quite removed by appropriate mechanical appliances and the internal use of medicinal agents to the entire exclusion of setons, issues, or any other counter-irritant, or even the recumbent position.

In every case reported, with the exception of two, the treatment was entirely successful, not only in restoring the patient to a strong and healthy condition, but in the complete removal of the curvature, although in each case the deformity was strongly marked. Of the two exceptions, one of the patients was restored to good health without the curvature being entirely, though very nearly, removed. The other was one of long standing, and was recorded simply to illustrate the advantages of appropriate and well adjusted mechanical support in those cases where the degree of consolidation would seem to preclude all hope of benefit being received. The result in this instance was very remarkable, not only as to the improvement of the health and strength of the patient, but in his general form and figure. Several of the cases that were successfully treated were utterly unable to stand upon the feet when the treatment commenced, and one, a female, was incapable of being turned in bed without spasms; her emaciation was extreme, greater than I ever before witnessed from any cause, and no language could have been more expressive than that uttered by the attending physician, on the occasion of my visit to the patient, that, "in adapting appliances to this patient is like fitting stays to a *gun lock*."

There also appeared in the same journal, an outline drawing of the apparatus used in the treatment of those cases, involving a new principle in its application and *modus operandi*. As I now propose, from time to time, to give additional cases to prove the efficacy of the treatment alluded to, and as I have reason to fear that very many of the readers of the *MEDICAL TIMES* may not be acquainted with the apparatus referred to, I have thought best, at the risk

of a repetition, to describe the apparatus in connexion with the accompanying cuts.



It extends from a point near the top of the shoulders to the promontory of the sacrum, and from the pubes nearly or quite to the top of the sternum, and embraces the entire form within those limits. It laces in the centre of the back, for the purpose of opening to allow the more prominent spinous processes of a *large* curvature to pass through and leave their extreme points free from pressure, and bring the force of the springs to bear directly upon either side at their base. The apparatus is brought together and secured in front by appropriate fastenings (as seen in the figure), convenient for its application and removal, and at a short distance from the centre on either side are parallel lacings, extending from above downwards, the entire length of the apparatus. Shoulder braces are attached by lacing upon the back of the apparatus, and are brought over the shoulders and fasten under the arm. The springs, which give efficiency to the apparatus, are arranged and confined within the material of which the apparatus is made, and are of variable stiffness to meet the necessities of the case. The form of the apparatus also varies, as all cases that come under treatment are not alike. It curves regularly over and under the bowels which are usually, in these cases, both prominent and pendent, a condition that of itself serves greatly to aggravate the difficulty we wish to remedy, and increase its force. As the application is made general over the whole body, every part receives its due support and aids the pressure made more directly to the affected part.

After the apparatus has been properly adjusted and all the points duly considered, the front lacings are then to be tightened, by which any required amount of pressure may be produced; but the *feelings* of the *patient* are *always* to be consulted in the regulation of it, as it is *never* necessary to have it so great as to render him even uncomfortable. The effect of the apparatus is to elevate and support the abdominal viscera, and retain them in their normal position; this relieves the spinal column of a heavy weight, dragging from its superior portion, and not only so, but receives great support from this source.

The crutch, represented in the cut, when required, is attached to the apparatus by the lower end resting in a pocket just large enough to receive it, and the narrow band across the upper part of it to hold it in place. The upper part of the crutch is so arranged, that it will rotate and accommodate itself somewhat to the movements of the patient, and supports the weight of the shoulders without resting directly upon the hips.

Having given, as I presume, a sufficient introduction to the cases, I at once commence their narration.

CASE I.—Son of Mr. G., City of New York, *set.* six years and two months, of light complexion, scrofulous diathesis, and full development, came under treatment for Pott's disease of the spine, Feb. 20, 1860. From the mother the following history of the case was obtained:—In April, 1859, the child was attacked with whooping-cough of unusual severity, which continued several weeks. In June, the cough still continuing, the patient was seized suddenly with pain in the back, and for several days was unable to rise from the recumbent position without assistance. Shortly after, an attack of dysentery supervened which continued three or four weeks, reducing the child to a degree that rendered its recovery doubtful.

In Sept., after apparently recovering his usual health and strength, an injury was produced by a slight fall. The pain in the back continued and became quite severe at times, more particularly in the night. In Oct., a slight projection was discovered in the lower part of the spine. In Dec., the projection had greatly increased, the pain was more constant and severe; one limb was considerably contracted and drawn up, and locomotion much embarrassed. Since that time the child's condition had been growing worse. Upon



FIG. 1.

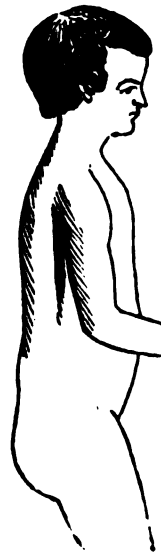


FIG. 2.

examining the case there was observed a bold posterior curvature, as represented in Fig. 1, and quite acute in its form, having for its centre the third lumbar vertebra. Locomotion was performed with difficulty, and while standing or sitting the patient was constantly inclined to rest upon his hands for support, and for relief from pain and suffering.

The treatment consisted in mechanical pressure upon the affected part, and general support applied to the body (flexible in its character), to render the support to the spinal column as efficient as possible; together with the use of some of the more ordinary tonics usually given in such cases. The mechanical appliances were often readjusted, and such alterations in their construction were effected, from time to time, as the changes in the size and form of the curvature and figure of the patient rendered necessary.

Upon the application of the apparatus, the patient was relieved of his suffering and enabled to walk about comfortably. The patient was soon allowed to exercise freely in the open air, being restricted only to two hours' rest during the day to avoid too much fatigue.

The patient is now strong, robust, and healthy, with the curvature reduced as seen in Fig. 2. It is worthy of note that, as in the present, very many cases of Pott's disease of the spine are developed under the influence of whooping-cough, measles, or scarlatina.

The outline of this case was taken five or six months

since, at which time the curvature was still gradually diminishing.

N. Y. 81 COOPER INSTITUTE, Jan., 1883.

Reports of Hospitals.

COLLEGE OF PHYSICIANS AND SURGEONS.

PROFS. PARKER AND MARKOE'S SURGICAL CLINIC.

I.—NECROSIS OF FEMUR—OPERATION. II.—OVARIAN TUMOR.

(Reported by A. E. M. PURDY, M.D.)

I.—Necrosis of Femur—Operation.—The patient, *æt.* 3 years, was quite a large, rosy-cheeked child, of healthy parentage, who, about eight months previously, was attacked with violent febrile symptoms, accompanying which was a large painful swelling above the knee, on its internal aspect. This swelling increased, and a physician was consulted, who, believing it an acute abscess, lanced it. A slight discharge of pus and blood followed, which continued more or less until the patient was presented to the clinic. The ordinary objective symptoms of necrosis were then present: enlargement of the limb and hardness, owing to the presence of involucrum, a dusky livid appearance to the skin, and a pouting fistulous orifice, discharging a fetid sanguineous fluid. The fistula was situated a short distance above the knee-joint, but did not communicate with it. Contrary to the general rule, the necrosis was confined for the most part to the cancellous structure. The patient was etherized, and an incision made through the soft tissues to the bone, in a direction upwards, in order to avoid the joint. This being done, it was then found unnecessary to use the gouge or trephine, as the necrosed portion could be removed through the opening made by nature. Dr. Markoe, in dismissing the case, spoke of the necessity of a careful use of the instruments, otherwise the soft granulations covering healthy bone would be scraped off, exposing a bare, bony surface, which might be mistaken for sequestrum; also that great care should be taken to extract all the diseased or necrosed portions, because if any should be left, there was danger of having the trouble renewed. The edges of the wound might be brought together by adhesive straps, or interrupted sutures, if necessary, and dressed simply with lint and cold water. By this operation thus promptly performed, he thought that the patient would entirely recover; whereas, if the inflammation had been allowed to continue, it would, in all probability, have implicated the knee-joint, through the fibrous tissues surrounding it, and ankylosis would have been the result.

II. Ovarian Tumor.—The patient, *æt.* 36, a strong and apparently healthy married woman, with no children, noticed some five or six years ago, in the right hypochondriac region, a tumor about the size of a hen's egg. She suffered little or no pain, but had occasional abdominal cramps, and the stomach was somewhat irritable. She had never been subject to dysmenorrhœa, but, during the last three years, she had menstruated too freely. The symptoms here, as in most instances, were very obscure. The tumor at the time she presented herself, though large, was mostly confined to the side on which it was first discovered; her menses had become more regular, her stomach less irritable, and her health generally improved.

Dr. Markoe remarked that ovarian tumors were cystic or solid in character, and very commonly a combination of both. It was exceedingly rare that a completely solid tumor was developed in the ovaries, it more generally occurred in the uterine walls; thus illustrating the pathological history of tumors, which is, that they always partake of the nature of the parts whence they arise. Considerable difficulty, continued he, is usually found in the diagnosis of ovarian from uterine tumors; but there is reason for suspecting this to belong to the former class, occurring as it does on one side, while tumors of the uterus

usually occur in the median line. Ascites is another condition, likely to be confounded with ovarian disease. The history of the origin and growth of the tumor will greatly aid in a proper diagnosis. Ascites commences low down, and increases upwards, whilst the ovarian tumor occurs on one side, higher up. The enlargement is symmetrical in ascites, while in ovarian disease one side is more prominent than the other. Percussion over the front of the abdomen generally gives a dull sound in ovarian tumor, for it scarcely ever happens that any intestine lies between the diseased ovary and the abdominal walls; whilst, in ascites, the intestines are nearer the surface, and percussion gives the characteristic tympanitic sound. If it is ovarian, it will be composed of one or more cysts, which, enlarging, fill the whole abdomen; when this latter condition obtains, it is difficult to distinguish it from tumor of the uterus. Is it cystic or solid, or a combination of both? Usually when there is this formation, you can distinguish some of the small cysts. Upon physical examination of the patient, distinct cysts cannot be felt, but a general feeling of fluctuation is appreciable. When the ovarian tumor is very large, of rapid growth, and occupies the median line, it may be confounded with another condition, viz. pregnancy. The points of distinction are easily made out in cases of doubt, by recourse to the auscultatory evidences usually found, when there is a fetus in utero. The most important of these are the pulsations of the foetal heart and the placental souffle. The first can be heard about the fifth month, in the middle of the abdominal region, and usually on the left side. The second can be detected about the fourth or fifth month, is synchronous with the mother's pulse, and subject to its variations. Neither of these signs can be detected in this case. In studying the diagnosis of ovarian disease, care should be taken not to overlook the possibility of other abnormal conditions.

Treatment.—Little can be done to check the course of the disease. Iodine is supposed to cause the absorption of these tumors, and in its various forms has received considerable credit, especially Lugol's solution, carried as far as the stomach will bear. A very good prescription is the following:—*B.* Potass. iodid. 3j.; solut. Lugol. 3ij.; aquæ 3viij. M. A tablespoonful thrice daily, one hour after eating, will be good for the patient, giving iron if it is required, also astringents, or any other adjuvants that may be necessary. The tumor may enlarge slowly, or it may never give any more trouble. Ovariectomy was recommended.

PETROLEUM.—Prof. George Hadley says:—"The manufacture of Coal Oil, closely followed by the discovery and opening of immense sources of Petroleum in Western Pennsylvania and in other regions, is introducing a new era in the art of illumination. Already a marvellous improvement has been effected in the comfort of many homes. Tallow candles no longer make the darkness visible; whale oil and sperm are abandoned to the railroads and machine shops; and even the clear brilliancy of wax, and stearine, and spermaceti suffers eclipse. 'Burning fluid,' so popular and convenient, is far inferior in economy, safety, and illuminating power, to its new rival; and with the single exception of coal gas, these substances seem likely to supplant, in common use, every other material employed for purposes of illumination. Not only their brilliancy, but the great abundance and consequent cheapness of the new burning oils, is fast contributing to this result. This is particularly true of Petroleum. The productiveness of the 'Oil Wells' is truly astonishing. From some of them Petroleum has continued to flow spontaneously for many months at the rate of several hundred barrels a day. The total product of those on Oil Creek alone has been estimated at not less than ten thousand barrels, or four hundred thousand gallons a day. And in other localities are enormous reservoirs, which are now pouring forth their treasures, stored up for ages, to give a new fulfilment to the ancient fiat, 'Let there be light.'"—*Buffalo Medical and Surgical Journal.*

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, January 8, 1882.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. FORDYCE BARKER'S PAPER ON THE USE OF ANÆSTHETICS IN MIDWIFERY.

(Continued from page 69.)

DR. I. E. TAYLOR could not endorse all the propositions laid down in the paper of Dr. Barker. He was inclined to look upon chloroform rather as a stopper than an accelerator of labor, and that its use was only admissible in cases where a great amount of nervous excitement was present, in hysterical diathesis, irritable condition of the vagina, uterus, etc. Again, in consulting statistics, he had found that the proportion of deaths from instrumental labors was much greater since chloroform had been used than formerly. When chloroform was necessary in cases of instrumental delivery or in version, he maintained that much danger to the child would be prevented by carrying the anæsthetic effect just short of affecting the voluntary muscles. The danger to the child was also to be taken into account. It had been stated that the odor of the anæsthetic had been detected in the breath of the child some time after birth, and it was reasonable to suppose that no particular amount of benefit could arise from the existence of such a state of things. As to its use in puerperal convulsions, he did not think he would resort to it when the complication of uræmia existed.

DR. FINNELL had been in the habit for twelve years past of using both chloroform and ether in midwifery practice. The former was preferred when a prompt effect was desired, and the latter was considered most applicable during tedious labors. Notwithstanding he was willing and able to testify to the general good effects of anæsthesia, he was inclined to think that in many cases of instrumental delivery, chloroform had not a little to do in determining a fatal issue.

DR. PEASLEE, in reference to the use of chloroform, divided practitioners into five classes: 1. Those who used chloroform exclusively; 2. Those who made use of chloroform almost exclusively, but ether sometimes; 3. Those who very seldom used chloroform, but ether almost always; 4. Those who used ether exclusively; and 5. Those who rejected both ether and chloroform. He confessed to belong to the third class, and gave the following reasons for his position: 1. Ether was safest; 2. It was a milder agent than chloroform, and accomplished the purpose equally well; 3. The general voice of the profession, as previously stated by Dr. Elliot, was in favor of ether, especially in cases of cardiac disease. With reference to the point suggested by Dr. Grisom at a previous meeting, as to the degree of anæsthesia to be induced, he stated that inasmuch as ether was slower in its action than chloroform, the desired effect could be more easily obtained. Enough could be given of the ether to abolish sensation without interfering materially with muscular power, more especially as the motion-destroying properties of the anæsthetic were less than those observed in chloroform. Dr. P. is in the habit of allowing obstetric patients to etherize themselves until such time as he desires to abolish all suffering. The very difference in the æsthetic effects of the two agents would induce him to use chloroform in some instances, just as he would ether in other instances. If he wished to remove spasmodic rigidity in puerperal convulsions, muscular contraction, or rigidity of the perineum, chloroform would be decidedly preferred, for the reason that ether would take a longer time and do it less effectually. In looking over the propositions in Dr. Barker's paper, he would accept all, except that he would substitute the word "ether" where chloroform was used, while under the head of puerperal convulsions he would say that ether might be employed, but that chloroform was the more valuable of the two.

DR. WORSTER maintained that chloroform was not at all dangerous when administered under certain restrictions. He believed that anæsthesia affected in regular order, first, the nerves of sensation, second, those of volition, and third, those of the involuntary system. He had always been in the habit of measuring the degree of anæsthesia in obstetric practice by the ability which the patient possessed of holding up her hand; as long as she could do that, it was perfectly safe to continue the administration. In regard to any preference to ether over chloroform, he would just as soon think of selecting a dull knife instead of a sharp one when he wished to perform an operation.

DR. WATSON had long ago come to the conclusion, that no essential property claimed for chloroform was not possessed by ether, and that the latter had the incomparable advantage of being safer. The arguments brought forward by the author in his paper were not to his mind sufficiently strong to justify the conclusions arrived at. He used ether in obstetric practice, and obtained from it every anæsthetic effect which he required for any purposes of operation. Before any serious charges had been made against chloroform, he had occasion to make use of it in an operation for amputation of the breast. The patient was a strong healthy woman, and the operation was by no means a severe one, but on its completion respiration suddenly ceased. The anæsthetic was administered by Dr. A. L. Sands, and the utmost care was taken to guard against any bad result. It was only after the most strenuous efforts that the life of the patient was saved. Shortly after this Dr. Buck used chloroform on a patient for the purpose of operating for fistula in ano, but hardly had the knife touched the parts, before death took place. Since then chloroform has never been used in the New York Hospital. He referred to two additional cases under his observation, to illustrate the danger attending the administration of chloroform. The first was a woman who had, after an inhalation, suddenly expired. The physician who had administered it to her on several previous occasions for the disease under which she was then suffering, puerperal mania, walked from her bed to the fire, said he heard her speak, and turning to her immediately after, found her dead. The other case occurred in the wife of a medical gentleman, who sent for Dr. Watson in great haste. Chloroform was given for confinement, and notwithstanding the utmost watchfulness, the case came very near resulting fatally. He did not believe but that deaths from chloroform had occurred in obstetrics.

DR. BARKER admitted that three such instances were on record, but that the agent in neither case was administered by or under the direction of a medical man.

DR. WATSON thought that if the chloroform was administered under the direction of a physician by another person, the physician was responsible for the result. Dr. W. next proceeded to quote the following case (*Amer. Jour. of Med. Sciences*, April, 1854, 592) to illustrate the accumulative effect of chloroform, a property which he claimed was not possessed by ether.

"Dr. De Wolf, of Chester, Mass., records (*Buffalo Medical Journal*, Dec., 1853) the following case:—I was called in an adjoining town in consultation with my friends, Drs. Freeland and Smith. The patient was a young lady of 25 years, of full and vigorous health, and in her second accouchement. I found her dying, but conscious, and obtained from her the following history:—"Some thirty hours before Dr. Freeland was called in, and found her in the "preparatory" stage of active labor. For several hours there was very little development of the case, and the patient became importunate for chloroform, having inhaled it during her first parturition. The doctor explained her present condition, and advised her that now was an improper time to use it, and after waiting a few hours, bled her from fifteen to twenty ounces. At this period the case seemed to have made but little progress, and after an anodyne of some forty drops of tincture of opium, she obtained some rest. When she awoke, she complained of pain in the abdomen and loins, and again importuned for chloro-

form. Strong and full pulse, not exceeding 100, tongue moist and clean, uterine action rather tardy, os uteri yielding, head advanced, pelvis roomy, and no unpleasant symptom. Under these circumstances, the doctor promised her speedy relief, and persuaded her to take a decoction of ergot. Very soon she insisted on having chloroform, and sent a messenger for Dr. Smith. The doctor came and brought, as requested, a small bottle of chloroform, containing, as he believes, not more than 3 ij. He put it upon a table in sight of the patient, and while listening to Dr. Freeland's narrative of the facts in the case, the patient instructed a female friend to give her the bottle, and refused to give it back. She inhaled from time to time, and when told by both physicians that by persisting in the use of it she would peril the successful termination of her labor, and possibly her life, her reply was: "My pains are quite comfortable." And in this last condition she remained about twelve hours. Upon a careful examination, no material change in arterial action or nervous power was discovered, but very clearly, as they thought, a promising change in the rigidity of the organs, and the chloroform being gone, they felt confident that there would soon be increased uterine action, and the triumphal finishing up of the case. Alas! they were soon to be released, and their patient too. Now it was, that absence of all pain and cold sweat, cold extremities, oppressed and whizzing respiration, receding pulse, and vacant glare, pointed to a sudden and fatal termination; all their friction, hot appliances, and active stimulus were of no avail. I looked upon the dying woman with feelings of deep sorrow, for in her history I could see nothing aside from the chloroform to bring before me such an end, and hence I came to the following conclusions:—1. The time of her suffering would not have done it; 2. The amount of her suffering would not have done it; 3. There had been no rash quackish meddling; 4. There was no rupture of the vagina or uterus; 5. There was no evidence of cerebral congestion from plethora or other cause; 6. Patient perfectly conscious, but insensible to pain; and finally, her death, as it seemed to me, could be chargeable to nothing but the abolition of vital force from frequent repetition of partial anæsthesia.

I have said she was perfectly conscious, and here is the evidence. She knew they had sent for me, and on my arrival I met the physician in an adjoining room, and while listening to the facts above written, there came in a lady and said that the patient desired to see me. In surprise I asked, *How is this?* The answer was, "she is positively conscious, but dying!" As I came into her presence she anxiously inquired, "Oh, Doctor, can you take my child and save me?" I very soon assured her I could take the child, and did so. To take the child was then quite easy, but to save her life was impossible. The child, a fine boy, was dead, and in ten minutes the anxious mother was a corpse!"

The case of puerperal mania referred to was another instance of this sort, where the woman spoke some time after the administration ceased; and then died immediately. Other cases were also to be found, illustrating the same point: *Snow*, p. 204; *Year Book of Medicine*; *New Sydenham Society*, ii., p. 462. He also recited two other cases, where the patients narrowly escaped death from chloroform, showing the necessity of the greatest care on the part of the administrator.

The first (*Amer. Jour. of Med. Sciences*, Oct., 1853, p. 529) was reported by M. Boinet. Chloroform was administered to a lady, 30 years old, for the purpose of applying the forceps. The handkerchief, containing about 3 ij. of the agent, was held a short distance from the nose, the patient becoming speedily anæsthetized without any previous excitement. The handkerchief was then removed, but the operation promising to be a long one, M. Boinet directed the husband, who was acting as his assistant, to continue the administration. This he did, and forgetting everything in his anxiety, left the handkerchief over her face. When, however, the child was being withdrawn, it was discovered that the mother was pulseless, and that all

the characteristics of death had made their appearance. For five minutes fresh air, cold water, slapping, and ammonia, were used to no purpose; and it was only after the most persistent efforts at insufflation, that a fatal result was prevented.

The second case was reported in the *Lancet*, by Dr. McClintock (*Amer. Jour. of Med. Sciences*, 1855, p. 531). Chloroform was administered by an experienced assistant to a woman in labor on account of rigidity of the os, general irritability, etc. She was kept under its moderate influence for an hour, but not experiencing any relief, the quantity of chloroform was increased to 3j. After three or four deep inspirations, a change came over her countenance, the eyeballs turned up, the pulse left the wrist, respiration was suspended a space, of time that would have occupied about three or four inspirations, and some froth collected at the angles of the mouth. The sponge was immediately removed, the free circulation of air induced, cold aspersions of water resorted to, stimulation, etc., when she was finally considered out of danger.

Dr. W. had not taken any special pains to hunt up authorities, else he was confident he might have found more cases to prove his point.

(To be continued.)

American Medical Times.

SATURDAY, FEBRUARY 8, 1862.

THE ETHER PATENT.

We noticed the fact last week that Dr. Morton had commenced prosecutions for the infringement of his ether patent, that the first institution summoned to answer the charge was the New York Eye Infirmary, and that the case was arrested for the present term by the Judge, on the ground of doubts as to the validity of the patent. It may not be out of place at this time, to review briefly the leading facts in the history of this case.

Priority of discovery of anæsthesia by the vapor of sulphuric ether, has been a sharply disputed question between the friends of the late Dr. HORACE WELLS, of Hartford, Ct., and Dr. MORTON. We shall be content, however, to let this question rest where the majority of medical men have placed it, viz. that Dr. MORTON is entitled to the credit of having reduced anæsthesia to actual practice. The first use of ether as an anæsthetic in surgical operations, was made in the Mass. General Hospital, Oct. 16, 1846, Dr. JOHN C. WARREN being the operator. Application was at once made to secure a patent covering this discovery, and in about a month from the above date letters patent were issued. Dr. MORTON was not at that time a medical graduate, but subsequently obtained the degree of M.D. from the Washington University, Md. The patent was issued in the names of Dr. C. T. JACKSON and Dr. MORTON, but the former subsequently assigned his claim to the latter.

The profession of course condemned the patent, but they were assured that there would not be the slightest restrictions put upon the use of ether. It is stated that Dr. M. "requested Dr. WARREN to give him as perfect a list as possible of all the hospitals and charitable institutions in the country, that he might present them with the use of this new blessing to their suffering patients. This praiseworthy request was granted, and soon every eleemosynary institu-

tion in the country, where surgical operations were performed, every charitable hospital, and many eminent surgeons, were offered free licence to use the discovery."

In putting the most charitable construction upon the patent, it is difficult to overlook the fact that the right of using it was undersold, that a second was obtained in England, and that efforts were made to obtain others in Continental countries. It would not be doing violence to human nature to suppose that the patent was obtained for the purposes of gain, and this impression is strengthened by certain incidental circumstances, but we prefer to believe that the alleged reasons for securing it are those which alone actuated Dr. MORTON. These are, "1. He wished to make such modifications as experience might suggest, as regards the method of exhibition; 2. He wished to instruct a suitable number of competent persons, who, when wanted, could go to any part of the country and administer it themselves until its merits were fully established; 3. He wished to prevent its being, at its infancy, brought into disrepute or doubt, by ever being used at the hands of injudicious, or unskilled persons."* It has also been alleged by Dr. MORTON, that he "procured the patent to enable him to induce the Government to reimburse him for his expenditures in making and establishing the importance of the discovery to the world."

Certainly, no effort was made to enforce the patent; ether soon came into general use, without fee or reward to Dr. MORTON. Looking towards compensation for his discovery, Dr. MORTON soon after, Dec. 28th, 1846, made application to Congress for an appropriation of \$100,000 as a "national recompense." His application was favorably received, but the claims of Drs. JACKSON and WELLS, as the discoverers of ether, were also pressed, and the session passed without any definite result being reached. A second application was made in 1849, which met with a similar fate. In 1851, a third application was more favorably received than either of the former, and commanded the hearty support of the leading members of both houses, but this measure likewise failed. In 1853, Dr. MORTON made his final attempt to obtain a reward from Government, but so determined was a factious opposition that the bill again failed. It was now contended by the opposition, that Dr. MORTON's true remedy was in the prosecution of the Government, for the infringement of his patent in the use of ether in the Army and Navy; such suit being sustained, Government would be compelled to make proper payment. Efforts were now made to induce the Secretaries of War and the Navy to purchase the patent, or to forbid the further use of anæsthetics in their respective departments. But these efforts also failed, and Dr. MORTON quitted Washington in despair. He returned home enfeebled in health and burdened with debt. He was strongly urged by legal counsel to bring a suit against Government for infringement of his patent, and thus secure himself against impending ruin. A suit was accordingly commenced against the Physician of the U. S. Marine Hospital, Chelsea.

Meantime, in the spring of 1857, at the suggestion of Mr. AMOS A. LAWRENCE, a wealthy citizen of Boston, who had always been cognizant of Dr. MORTON's labors, a plan was matured, in connexion with the medical profession and influential citizens of that city, for raising by private sub-

scription throughout the United States, \$100,000, as a national testimonial. An appeal was issued to the Patrons of Science and the Friends of Humanity, setting forth the claims of Dr. MORTON, and urging the importance of testifying, by pecuniary donations, their obligation to the discoverer of "Practical Anæsthesia." It was numerously signed by the physicians and citizens of Boston, and was responded to by liberal donations. Mr. LAWRENCE subscribed \$1000; the Mass. Gen. Hosp., \$1000; the Mass. Charitable Eye and Ear Infirmary \$500, etc., etc. Dr. MORTON subsequently visited New York, and the scheme of a "national testimonial" was heartily endorsed by the medical profession of the city. Large meetings were held at which the claims of Dr. MORTON were freely discussed and almost universally conceded. The movement became still more popular when it was alleged on behalf of Dr. MORTON, that the odious patent was given up and would never again be brought forward. The Governors of the Alms-House voted \$1500 to the fund; the New York Hospital \$500; and private citizens gave most liberally. Dr. MORTON proceeded to Philadelphia in pursuit of the object of raising this fund. What has been his success we are not advised, having heard nothing further from this appeal since his visit to New York, now nearly four years ago. The only intimation of Dr. MORTON's movements since that date, is the announcement of the prosecution of the N. Y. Eye and Ear Infirmary for infringement of his patent.

We have thus given a brief outline of the ether controversy, which, in all its details, fills volumes. Practically we may reduce this question to these points:—1. To whom is the world indebted for "practical anæsthesia?" 2. How should the "Public Benefactor" be remunerated? We should settle the first question (not definitively), by yielding to the deliberate judgment of our Boston brethren; and the second, by affirming that Government should liberally reward the discoverer. Against patents in medicine and surgery, the profession have always protested as illiberal, unjust, and unworthy the attention of members of a liberal, humane, and scientific profession. They have never been satisfied with the apologies of Dr. MORTON for obtaining a patent in this case, but plausible assurances have tended to allay their prejudices. They will now learn with profound regret, the attempt of Dr. MORTON to enforce this patent and obtain damages against public institutions for its infringement. Whatever may be his claims upon society at large for pecuniary reward, he certainly has no claim in equity upon the medical profession, or the public charities of the country. We hope that at the next trial the impressions of JUDGE SHIPMAN, that the patent is not valid, will be confirmed, and the profession and charitable institutions relieved from prosecutions which will otherwise await them.

THE WEEK.

WE have called attention to the position of the army surgeons on the battle-field, and urged the importance of coming to some understanding with the enemy in regard to their rights. Hitherto there has been an indiscriminate arrest of surgeons while performing their sacred offices as non-combatants, thereby inflicting great suffering upon the wounded. We are glad to notice that GEN. BUEL has given orders, that hereafter the surgeons of the enemy shall not be disturbed on the field. We hope that order will be

* Trials of a Public Benefactor, as illustrated in the discovery of etherization.

generally adopted by our officers. In a recent lecture on the usages of war, PROF. LIEBER holds the following language in regard to the obligations of belligerents to the surgeon:—

"First.—They should not be fired upon by single aim; they are ministering angels bringing comfort to the wounded, and should not be shot any more than a Chaplain, and who would fire upon a Chaplain?

"Second.—If taken, prisoners, they should be set free, unless special reasons prevent it.

"Third.—They may retain them if they lack physicians, provided the enemy fully trusts them. In one of the most sanguinary battles of modern times, the enemy drove the French till they reached the tables erected for the use of the surgeons, where they were then at work, yet no one thought of touching them—a very striking illustration of things as they always should be."

THE *British Medical Journal* professes great surprise that the American medical journals contain no opinions in reference to the war now going on in the "Disunited States," and concludes, therefore, that the war must be a matter of complete indifference to the medical profession, except so far as they may be professionally engaged in it. We have, on our part, examined the *British* medical journals in vain to find an opinion in reference to the "Trent Affair." Does the medical profession of England take no interest in a prospective war with the "Disunited States?" We should be surprised, if not pained, to find the columns of the *British Med. Jour.* filled with political discussions.

In commenting upon our remarks on the status of American Physicians abroad, the *British Medical Journal* disclaims on the part of the profession of England any distrust of their American brethren. We are glad to receive such assurances of good-will and professional consideration from a journal which directly represents the sentiments of the great body of the English profession. That this fraternal feeling is reciprocated on this side of the Atlantic, every page of our periodical literature bears ample evidence. Still we cannot lose sight of the fact, that a most respectable public journal has deemed it necessary, on publishing a case by an American physician, to state, "We take this opportunity to deprecate the habit of discrediting facts coming from the other side of the Atlantic, and authenticated with such names as Hamilton, Flint," etc. That this paragraph was written to meet a current prejudice we have no doubt, and we can scarcely believe that the Dublin Editor wished merely to rebuke "a joke at a manifest Colonel Crockett tale." An American journalist, having a conscientious regard for the position of the medical profession abroad, cannot justly be charged with "over-sensitiveness," much less with "absurd captiousness," who notices such remarks as that above quoted.

At Liverpool Assizes, an action was brought against Mr. White, a Manchester dentist, for seduction of a girl aged 19, a patient, while under the influence of chloroform. After a lengthy investigation, the jury found the dentist guilty of the seduction; but were satisfied that it did not take place under the influence of chloroform. Mr. Lunn, surgeon of the Manchester Hospital, very properly remarked, that he never administered chloroform when alone with a patient.—*British Med. Jour.*

NURSES FOR CANADA.—We understand that a body of trained nurses, on Miss Nightingale's plan, are to proceed at once from the Herbert Hospital to Halifax.—*Lancet.*

Reviews.

THERAPEUTICS AND MATERIA MEDICA. A Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By ALFRED STILLÉ, M.D., etc. Philadelphia: Blanchard and Lea. 1860.

DR. STILLÉ has for several years been favorably known to the profession as an author, and his reputation is sustained by the voluminous work before us. There is in this country, as well as in Europe, a certain amount of useless medical authorship. This is to be expected, when we consider the wonderful activity displayed in our science during the past few years. Emulation of the schools, and desire of personal distinction, have no less effect to create authors, than has the more worthy ambition to benefit the profession. Hence, every year there are publications of our medical press which do not contain anything new, and do not present known facts in any better form than we find in the pages of previous writers. Dr. Stillé's work is not to be placed in this category, for it differs essentially in its plan from most former treatises on therapeutics and materia medica. He gives a succinct account of the mode of preparing medicines, and of their sensible properties; but the chief merit of the work consists in the numerous citations from various observers, to determine the exact therapeutic action of remedies. For example, over twenty pages are devoted to the effects of tobacco on the economy, as noticed by different physicians and experimenters, while only two pages are given to the description and history of the plant. So of ergot: the account of this morbid growth, its preparation, and the history of its use, fill but three pages, while the abridged testimony of numerous witnesses of its effects on man and animals occupies twenty pages.

It, unfortunately, is true, that physicians are apt to form their opinions of the action of remedies from too small a number of observations, or without proper discrimination of the exact pathological state, and to publish their views prematurely, so that a medicine is not unfrequently vaunted as of great service, when on further trial it is found entirely inadequate to check, or even ameliorate the morbid process. Medical journals contain many such ill-advised publications, and it requires a discriminating mind to select what is trustworthy and valuable. We believe the author has in the main shown a just discrimination, and has generally pointed out the error, where too much was claimed for a remedy.

It will be seen that this work is designed for the physician, rather than for the druggist or pharmacist. It is an octavo, of nearly eighteen hundred pages, of excellent typographical execution. The author classifies remedial agents according to their effects on the economy, and he prefaces the description of the individual agents in each class by remarks, for the most part timely and judicious, on the subject matter of that class. He devotes little space to theorizing, which is more apt to be injurious than beneficial in scientific writings. He leaves it to the reader to draw deductions, or to theorize, it being his aim simply to embody in the work the accumulated experience of the profession.

The author has enhanced the value of his work for physicians, by treating fully of remedial agents which are not medicinal, as *heat, cold, water, and electricity*, since these agents, if intelligently employed, are no less effectual than medicines in arresting disease.

While we speak in terms of praise of these volumes, it is our duty, as reviewers, to mention their defects, which are chiefly those of omission, and such as may easily be remedied in another edition. Dr. Stillé makes no mention of many new remedies, some of which we in New York use extensively, and consider of great value. No mention whatever of the *liquor ferri persulphatis* in a work on materia medica, will be considered an important omission

by those who have witnessed its hæmostatic power. This agent has been known nearly ten years, though not much used in this country till within three or four. Again, we look in vain in these pages for any mention of the liquor opii compositus, sodæ chloras, and unguent. zinci benzoat., which are considered valuable preparations in this city.

These omissions are probably due to the fact that new remedies such as we have mentioned are used more extensively in New York than in Philadelphia, since our knowledge of them is due mainly to the presence, in our vicinity, of that able chemist and pharmacist, Dr. Squibb. The confidence reposed in him by physicians in this community is very great, and his preparations, not only of new but of old remedies, are considered the purest and most reliable of any in our shops. A writer on materia medica should have a better knowledge of Dr. Squibb's labors than the author appears to have.

In another respect we think this work might be made much more profitable, namely, in a more extended description of the adulterations and impurities of medicines. Much of the disappointment and disagreement of physicians, in reference to the action of medicines, arises from the use of impure or inferior articles, and a systematic treatise on materia medica should not only point out these but should indicate as far as possible the laboratories from which the best preparations come. The single article of chloroform will explain our meaning. Now it is known that Dr. Squibb, who does not manufacture chloroform, but purifies it, has sometimes found as large a proportion of impurities as twelve per cent. in specimens coming from reputable laboratories. These impurities are chiefly hydrocarbons, and the injurious effect of them, when inhaled, is apparent.

It is a laborious task to write a work like the one we are noticing, for it requires not only an intimate knowledge of other treatises but also extensive reading of medical periodicals. Every page shows that the author has fully appreciated the character of his undertaking, and with proper care in preparing and enlarging future editions, this work will remain a valuable addition to medical literature.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

FIFTY-FIFTH ANNUAL SESSION.

The Society met in Albany pursuant to statute, at 11 A.M., on Tuesday, Feb. 4, 1862, for its Fifty-fifth Annual Session.

The President, Dr. E. H. PARKER of Poughkeepsie, in assuming the duties of the chair, made a few brief remarks. After alluding in an appropriate manner to the death of his immediate predecessor in office, he called attention to the unusual prominence which military surgery had attained since the previous meeting of the society, and urged upon all present to cultivate a knowledge of that particular branch, in order to be prepared, if required, to give their services to their country. He also mentioned the fact, that the State of New York was the first which had taken decided steps against admitting into the ranks of the volunteer corps any but competent surgeons; and in consideration of such a step, hoped that the society would express their approval of it by a suitable vote of thanks. Referring to the duties of the military surgeon upon the battle-field, he spoke of the necessity of the wounded who were left behind being properly cared for by their own surgeons. Alluding to the heroism of those surgeons who remained with their wounded after the battle of Bull Run, he suggested that the society should take such action as should show these gentlemen, whether from this or other states, that their heroism was noticed by the profession. He had also hoped to be able to propose some plan, by the adoption of which the sufferings of war might, so far as the wounded were concerned, be alleviated by allowing the surgeons of both armies to visit the battle-field for this purpose, but had met so many obstacles that he had desisted from the attempt. He, however, urged the society, if they could devise any method of accomplishing this, to do so.

The following committees were next announced:—

Committee on Credentials.—Drs. Porter of Oneida; Ferguson of Warren; and Willard of Albany.

Committee on Nominations.—Drs. Bissell of Oneida; Vanderpoel of Albany; Crispell of Ulster; Bly of Monroe; Finnell of N. Y.; French of Broome; Hall of Cayuga; Reynolds of Saratoga.

The Secretary, Dr. S. D. WILLARD of Albany, presented a memoir of Dr. Merrit H. Cash of Orange, and announced that \$500 had been bequeathed to the Society by the deceased member.

Dr. BOWEN of Oswego offered the following:—

Resolved, That a committee of two be named by the chair, to extend an invitation to such members of the Legislature as belong to the medical profession, to attend the meetings of this Society during its present session.

The committee consisted of Drs. Bowen and Potter.

Dr. BISSELL of Utica also offered the following resolution, which was accepted:—

Resolved, That the thanks of this Society be tendered to the President for his interesting and suggestive address, and that a copy of it be requested for publication in the Transactions of the Society.

Resolved, That a committee of three be appointed, to consider and report such action thereon as may be deemed necessary.

Drs. Bissell, Townsend, and Kendell, were chosen as that committee.

PATHOLOGICAL SPECIMENS.

Dr. T. C. FINNELL, of N. Y., presented three pathological specimens. The first was the bones of the foot and leg, removed from a patient, æt. eighteen years, who eight years previous to her death suffered a compound fracture of the ankle-joint by the falling of a heavy piece of timber upon it. The foot was turned strongly inwards, and remained ever after in that position. The ankle-joint, tarsus, and metatarso-phalangeal articulations were firmly ankylosed. Interstitial absorption of the bones of the tarsus had taken place to such an extent as to leave a mere shell of the form of the bones. The second specimen was a portion of skull showing a compound fracture, caused by a blow from a brick, the interesting feature of the case being the presence of a portion of the missile firmly imbedded in the bony structure; this remained in that situation for two weeks previous to the death, without giving rise to any head symptoms. The third specimen was the skeleton of a monster. He also exhibited some barbarous-looking obstetrical instruments which had been the property of an old Cuban physician, consisting of pelvimeters, sounds, crotchets, forceps, perforators, etc. Lastly he read a case of dysentery in a child, æt. 9, ending in suppurative peritonitis, spontaneous perforation at umbilicus, with discharge of four pounds of pus; and perfect recovery at the end of four months.

The following communication, relative to the appointment of homœopathic surgeons to the army, was received from the Oneida Co. Medical Society:—

Whereas, Great exertions are now being made by circulating petitions throughout the country asking Congress to pass a law appointing homœopathic practitioners to the post of Army Surgeons, therefore,

Resolved, That a committee of three be appointed to memorialize the State Medical Society to take such measures as its wisdom may dictate to maintain the honor and position of the medical profession, and also to express to our member in Congress the decided disapprobation by this Society of such an unwise innovation.

On motion of Dr. White, of N. Y., the communication was laid on the table, until a committee from the Academy of Medicine should have an opportunity to present a series of resolutions having a similar import.

The Society then, on motion of Dr. Griscom, adjourned to meet at 3 P.M.

TUESDAY AFTERNOON.

The Society was called to order at 3 P.M.

PARALYSIS AFTER DIPHTHERIA.

Dr. BISSELL, of Utica, read a paper on "Reflex Paraplegia, as a sequel of Diphtheria." He supported the idea

that the paralysis was the result of an altered nutrition in the periphery of the sentient nerves, affecting secondarily the spinal cord by reflex action. The amount of fatality of the cases which had come under his observation, was about five in nine. The treatment consisted of tonics and stimulants. A dorsal decubitus was strongly insisted upon, in order to allow the blood to gravitate to the spinal cord; and the indications in this particular were further carried out by dry frictions, warm flannels, and the internal use of strychnine, etc.

Dr. CURRY, of Westchester, was surprised at the average mortality in Dr. Bissell's cases. He had never met with a fatal case in his own practice, and he was himself an example of a cure of the disease, after having suffered from it for a period of three or four weeks. Rather accidentally he found that a relief from, and in fact a total disappearance of the unpleasant symptoms could be had by exposure to cold, and the administration of a moderate amount of whiskey. He agreed entirely with the views expressed by Dr. Bissell in regard to the character of the affection.

Dr. FRENCH, of Rome, had seen several cases of the disease under discussion, but they had all recovered.

Dr. MARSH, of Onondaga, had met with four cases of paralysis. Two of these terminated fatally. He had frequently met with convalescent cases of diphtheria attended with slight amaurosis, and very many that suffered from paralysis of the bladder, as shown by the retention of urine.

Dr. GOVAN, of Rockland co., stated that out of a large number of cases of diphtheria reported from Rockland co., he did not recollect a single case of paraplegia.

Dr. D'AVIGNON, of Clinton co., thought that the paralysis of the velum was dependent in a great measure upon the length of time that the deposit remained upon it.

Dr. CURWEN, of Wayne co., had seen but two cases of paralysis, and they both died.

Dr. TAYLOR, of Onondaga co., had not known of a case of paraplegia occurring in his county, notwithstanding diphtheria had been very prevalent.

Dr. GARRISH, of New York, stated that he had frequently met with cases of paralysis similar to those referred to by the other gentlemen, and had found that stimulating frictions, in conjunction with tonics, were attended with the best of results.

FUNCTION OF THE LARYNX.

Dr. PORTER, on behalf of Dr. Boulware of Albany, presented a specimen of wound of the throat, through the crico-thyroid membrane, followed by occlusion of the breathing tube at that point. The person from whom the specimen was removed, was a female set. 23, who, during an attack of temporary insanity, endeavored to destroy life with a razor. The cut was not an extensive one, and no vessels of large size were wounded. The lips of the wound were brought together, and in the course of three weeks the parts had all healed with the exception of a small opening in the trachea just below the cricoid cartilage. An attempt was made to close this opening, but very soon mucus collected in the tubes in such quantities as to render the removal of the dressings necessary in order to prevent suffocation. The tracheal tube was then introduced into the opening, and, with but slight intermission, was worn for several weeks. At the end of about eleven weeks from the infliction of the injury, the silver tube having been for some time removed, the wound closed, but it was found necessary on account of the collection of mucus in the trachea to open it again. No further attempt was then made to heal the wound, and it was found that she began to lose her voice, the aphonia being complete in the course of a few weeks. At this time, by closing the opening in the trachea, breathing would be stopped, proving that air could not pass through the larynx. Notwithstanding she had no voice, she could make herself intelligible by whisper sounds. She eventually died nineteen months after the receipt of the wound in consequence of suffocation, induced by the

collection of quantities of mucus in her breathing tubes. The case was one which illustrated, in quite a satisfactory manner, the important and essential part which the larynx plays in the formation of the voice, while, at the same time, it proved that the laryngeal voice is not essential to the formation of whispers.

On motion, the Society then adjourned to meet on Wednesday, 10 A.M.

Correspondence.

THE FIFTY-FIFTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE Medical Society of the State of New York has commenced its session. Albany is now thronged with medical men from every section of the State, and those persons who are expected to be informed upon such matters, say that the attendance is fully as large as at any previous occasion. The meeting was called to order at 11 o'clock, on Tuesday, February 4th. The President elect, Dr. E. H. PARKER, of Poughkeepsie, is a person who promises to be everything that a presiding officer can be, yet I fear that before the session closes his patience will be not a little tried by some of the members, who are determined to talk, whether it be in order or out of order. During the morning session a considerable amount of business of minor importance was disposed of, and were it not for Dr. FINNELL, of New York, who exhibited some interesting pathological specimens, the members would have gone away unprofitably. At the meeting in the afternoon Dr. BISSELL read a paper on "Reflex paraplegia after diphtheria." Some discussion followed in which several prominent members took an active part, and every thing seemed to be going on finely, when a gentleman from New York, who evidently had not listened to the reading of the paper, proceeded to favor the members with his views concerning the difference which existed between diphtheria and croup. The symptoms, treatment, prognosis, in fact everything connected with diphtheria, were freely talked over except the paraplegia, of which the paper treated. Although widely different views were expressed in relation to the pathology of this throat disease, all agreed that the tonic course of treatment was the only reliable one. The current of the discussion upon the paper being thus turned from its legitimate channel lost all interest to the majority of members present, and they were heartily glad when the next order of business was announced. The afternoon being advanced, after the reading of a paper by Dr. PORTER, containing the details of a wound of trachea, in which the voice-producing function of the larynx was proven, the Society adjourned until the morrow morning at 10 o'clock.

A great deal of business is expected to be transacted on Wednesday, very many papers of interest being promised. Dr. SWINBURNE has prepared a paper upon the case of suspected murder, already set before your readers by Dr. CLARK. It will be recollected that Dr. SWINBURNE was on the side of the prosecution, and of course views the case in altogether a different light from the distinguished Professor of Medicine. Dr. Clark, in all probability anticipating the intention of Dr. SWINBURNE, has caused to be sent in pamphlet form for distribution among the members the results of his own investigations upon the subject, in order that a fair comparison may be drawn between the statements of each party. Dr. SWINBURNE confidently expects to confute the statements of Dr. CLARK, but we shall see how those expectations are to be realized.

Dr. GRISCOM is here from N. Y. in labor with his Health Bill, but judging from hearsay I fear the result will be a still-birth. Let every good sanitarian pray that such will not be the case.

SURGEON-GENERAL VANDERPOEL and Dr. SWINBURNE ex-

pect to entertain the Society at their respective residences on Wednesday evening. The feelings of the Albany physicians as a class are very cordial towards the Society, and were its sessions sufficiently prolonged I am conscious that entertainments would not be wanting. The Secretary, Dr. WILLARD, is perfectly overrun with Society business, and it is wonderful to see with what equanimity of temper he discharges all the duties of an office so filled with little vexations.

Hoping that these few notes by the way may be of some use to you I close for the present.

Yours, etc.

RECTUS.

ALBANY, Feb. 4, 1892.

NAVAL MEDICAL BOARD.

THE Naval Medical Board, which has been in session since the beginning of summer, having completed its duties, was dissolved by order of the Navy Department on the 27th January.

The Board, as originally organized, consisted of,
Surgeon Samuel Barrington, President;
Surgeon John A. Lockwood, Member;
Surgeon Charles H. Wheelwright, Member;
Pd. Asst. Surgeon, John T. Taylor, Recorder.

In August, Dr. Barrington was relieved on account of illness, and Dr. Lockwood has since presided. About the same time, Dr. Taylor having been promoted to the rank of Surgeon, was appointed a Member of the Board. The names of the successful candidates examined in July and August have already been published. These gentlemen are now all at sea. They supplied vacancies created by resignations, and other casualties. At the extra session of Congress, the numerical force of the medical corps was considerably increased, to meet the war demand. The following are the names of those found qualified by the Board to fill the vacancies thus created. They are arranged in the order of merit as determined by the Board, and affixed to each name, the State from which appointed, and the medical school upon which the candidate has been in attendance.

- No. 1. Robert T. Edes, Mass., Harv. Univ.
- " 2. John D. Murphy, N. Y., Univ. N. Y.
- " 3. Edgar Holden, N. J., Col. P. & Surg., N. Y.
- " 4. R. E. Van Giesen, N. J., " " " "
- " 5. Thomas C. Walton, N. Y., McGill Col., Montreal.
- " 6. Benj. H. Kidder, Mass., Long Island Med. Col.
- " 7. Lewis Zinzin, N. Y., Heidelberg Univ.
- " 8. G. H. E. Baumgartner, Mo., S. Louis Med. Col.
- " 9. John Homans, Jr., Mass., Harv. Univ.
- " 10. John H. Clarke, N. H., Harv. Univ.
- " 11. Greenville S. Slough, Pa., Jeff. Med. Col.
- " 12. Samuel R. Foreman, N. J., Col. P. & Surg., N. Y.
- " 13. Wm. B. Gibson, Mass., Harv. Univ.
- " 14. Geo. W. Woods, Mass., Univ. Virginia.
- " 15. Adolph A. Hoeling, Pa., Univ. Penna.
- " 16. James J. Allingham, N. Y., Col. P. & Surg., N. Y.
- " 17. Charles E. Steadman, Mass., Harv. Univ.
- " 18. Wm. F. Tevey, N. Y., Univ. N. Y.
- " 19. C. J. S. Wells, Vermont, Univ. Vermont.
- " 20. Charles J. Mabbard, Ohio, Harv. Univ.
- " 21. Wm. K. Van Keypair, N. J., Univ. N. Y.
- " 22. Joseph Hugg, N. J., Jeff. Med. Col.
- " 23. F. B. A. Lewis, N. Y., Harv. Univ.
- " 24. Wm. Brown Mann, N. Y., Buffalo Univ.
- " 25. Saml. W. Abbott, Mass., Harv. Univ.
- " 26. Luther M. Lyon, Pa., N. Y. Med. Col.
- " 27. Wm. S. Fort, N. J., Univ. Penna.
- " 28. Charles H. Giberson, Vermont, Univ. Vermont.
- " 29. Charles H. Perry, R. I., Univ. Penna.
- " 30. Thomas Hiland, N. H., Dartmouth Med. Col.
- " 31. Daniel M. Skinner, N. J., Univ. N. Y.
- " 32. D. K. Bannon, Pa., Univ. Penna.
- " 33. David T. Ricketts, Md., Univ. Md.

- No. 34. Thomas L. Patrick, Md., Univ. Md.
- " 35. Joseph A. Babier, Mass., Harv. Univ.
- " 36. Saml. N. Brayton, Mass., Col. P. & Surg. N. Y.
- " 37. Edw. C. Vermeulen, N. J., " " " "
- " 38. Wm. T. Plant, N. Y., Univ. Mich.
- " 39. Wm. Chalmers, N. Y., Col. P. & Surg., N. Y.
- " 40. Charles H. White, Mass., Harv. Univ.
- " 41. George T. Shipley, Mass., Harv. Univ.
- " 42. Isaac H. Hazelton, N. H., Harv. Univ.
- " 43. James H. Mears, Pa., Univ. Penna.
- " 44. Benj. F. Pierce, Maine, Harv. Univ.
- " 45. Newton H. Adams, N. Y., Albany Med. Col.
- " 46. Edward Kersner, Md., Univ. New York.
- " 47. Stephen H. Clarke, N. Y., " " " "
- " 48. Charles Carter, N. Y., Col. P. & Surg., N. Y.
- " 49. Thomas N. Penrose, Pa., Univ. Penna.
- " 50. J. Henry Gunning, N. Y., Univ. New York.
- " 51. Edward A. Pierson, N. J., Col. P. & Surg., N. Y.
- " 52. Watson C. Hall, N. Y., Geneva Med. Col.
- " 53. George R. Brush, N. Y., Col. P. & Surg., N. Y.
- " 54. Heber Smith, N. Y., " " " "
- " 55. Edward D. Payne, Pa., Jeff. Med. Col.
- " 56. Edward K. Dodge, Pa., Phila. Med. Col.
- " 57. Ira A. Bragg, Mass., Harv. Univ.
- " 58. George D. Storme, N. Y., Buffalo Univ.
- " 59. John D. Ackley, Pa., Univ. Penna.

The following reported after the vacancies were filled as above. They will be appointed as vacancies occur.

- No. 1. Edward S. Olcott, Ky., Univ. N. Y.
- " 2. John T. Luck, Iowa, Harv. Univ.

DEATH OF MR. RUFUS DELAFIELD, MEDICAL CADET, U. S. ARMY.

At a meeting of Medical Cadets, U. S. Army, held in Washington, D. C., Jan. 20th, W. D. Day, of the General Hospital, Alexandria, was elected Chairman, and H. A. Robbins, of the Circle Hospital, Washington, Secretary. Messrs. Paine, Davis, and Bodman, were appointed a committee to draft resolutions on the death of Medical Cadet DELAFIELD, and presented the following, which were unanimously adopted:—

Whereas it has pleased the Supreme Ruler of events to remove from our midst by death, Medical Cadet RUFUS DELAFIELD, of New York city, therefore

Resolved, That we bow in humble submission to this decree of an all-wise Providence, recognising in the event the hand of "Him who doeth all things well."

Resolved, That in the death of Cadet DELAFIELD, the corps has lost an efficient and faithful member, the science of medicine an earnest and enthusiastic student, and the profession one of its most promising aspirants.

Resolved, That we will ever cherish the memory of the many virtues of the deceased, and imitate his patriotic devotion, his scientific zeal, and his uniformly kind and Christian deportment.

Resolved, That we extend to the bereaved relatives and friends of the deceased our sympathy and condolence in this dark hour of their trial, and commend to them the consolation that comes from a higher than human source.

Resolved, That we wear the usual badge of mourning for thirty days, and that a copy of these resolutions, signed by the chairman and secretary, be sent to the family of the deceased, and to the medical and other journals for publication.

W. D. DAY,

H. A. ROBBINS,

Medical Cadets, U. S. Army.

In the *Dublin Medical Press*, Dr. Thomas Davis describes "a case of extra-uterine foetation of eight years and three months standing, counting from the expected period of delivery. The foetus was successfully removed by operation."—*British Med. Jour.*

TO CORRESPONDENTS.

Communications have been received and placed on file for publication, from Dr. E. M. Hunt, N. J.; Dr. J. Kneeland, N. Y.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 27th day of January to the 3d day of February, 1892.

Deaths.—Men, 83; women, 38; boys, 119; girls, 106—total, 389. Adults, 168; children, 224; males, 300; females, 189; colored, 5. Infants under two years of age, 186. Children reported of native parents, 18; foreign, 105.

Among the causes of death we notice:—Apoplexy, 6; Infantile convulsions, 29; croup, 15; diphtheria, 9; scarlet fever, 45; typhus and typhoid fevers, 4; cholera infantum, 0; cholera morbus, 0; consumption, 63; small-pox, 12; dropsy of head, 9; infantile marasmus, 16; diarrhoea and dysentery, 0; inflammation of brain, 8; of bowels, 5; of lungs, 38; bronchitis, 5; congestion of brain, 5; of lungs, 6; erysipelas, 2; whooping cough, 6; measles, 4. 227 deaths occurred from acute disease, and 23 from violent causes. 368 were native, and 126 foreign; of whom 84 came from Ireland; 1 died in the Immigrant Institution, and 41 in the City Charities; of whom 14 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Jan. & Feb. 1892	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind	Mean amount of cloud.	Humidity, 1000 feet.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
26th.	30.00	.80	30	27	33	4	6	N.W.	0	
27th.	30.31	.11	30	25	35	4	6	N.W.	1	
28th.	30.30	.11	28	23	30	3	5	N.	5	
29th.	30.00	.31	28	23	35	3	1	N.E.	10	
30th.	30.90	.94	35	31	40	2	3	N.	8	
31st.	30.21	.80	29	26	34	5	8	W.	1	
1st.	30.14	.10	27	26	31	3	4	N.E.	10	

REMARKS.—26th, Fresh wind all day. 27th, Fresh wind A.M. 28th, Snow storm commenced at 8 P.M. 29th, Rain and sleet early A.M. Fog on the river P.M. 30th, Rain A.M., light rain in the afternoon, clear late P.M. 31st, Dryest day of the month, excepting the 1st. Amount of rain, melted snow, etc., for the week, including Feb. 1st, one inch and a quarter.

METEOROLOGICAL REPORT.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, JANUARY, 1892.

	Degrees.
Mean temperature for the month.....	28½
“ “ at 6 A.M.....	26
“ “ at 10 A.M.....	28
“ “ at 2 P.M.....	30
“ “ at 6 P.M.....	28
“ “ at 10 P.M.....	23½
Mean temperature of evaporations at 6 A.M.....	25½
“ “ at 10 A.M.....	26
“ “ at 2 P.M.....	27
“ “ at 6 P.M.....	26
“ “ at 10 P.M.....	23
Mean minimum temperature.....	23
“ range.....	10
“ maximum temperature.....	33
“ temperature of evaporation.....	26
Minimum temperature in the month.....	8
Maximum “.....	49
Minimum “ of evaporation.....	6
Maximum “.....	41
Mean weight of vapor in a cubic foot of air.....	80.01
Minimum “.....	80.00
Maximum “.....	80.03
Mean height of barometer for the month.....	in. 30.01
Minimum “.....	29.34
Maximum “.....	30.67
Inches of rain (very great).....	7
Days of Easterly winds.....	16
“ Westerly winds.....	15
Days mostly clear.....	11
“ “ cloudy.....	20
“ “ of rain.....	13

REMARKS.—Heavy gales on the nights of the 1st and 24th. The last commenced with hail at 8 P.M., and continued with rain storm on the 25th, four inches rain fell during that week—much fog and rain during month.

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Operative Surgery, adapted to the Living and Dead Subject, by C. F. Maunder, M.D. 12mo. London, 1861. \$1.57.

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MEDICAL DIARY OF THE WEEK.

Monday, Feb. 16.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M.
Tuesday, Feb. 11.	{ NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, Feb. 12.	{ NEW YORK HOSPITAL, Dr. Cock, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1a. Hoa., half-past 1 P.M. EYE INFIRMARY, 12 M.
Thursday, Feb. 13.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, Feb. 14.	{ NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, 12 M.
Saturday, Feb. 15.	{ NEW YORK HOSPITAL, Dr. Cock, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

Wade & Ford are now manufacturing DR. JOSEPH H. VEDDER'S walking splint for Morbus Coxarius.

Rensselaer Polytechnic Institute,

Troy, N. Y.—The seventy-sixth semi-annual session of this Institution for instruction in the Mathematical, Physical, and Natural Sciences, will commence Feb. 19th, 1892. A full course in Military Science is now in progress.

Further information, with the Annual Register, can be obtained of PROF. CHARLES DROWNE, Director.

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A Practical Treatise on Military Surgery.

By FRANK HASTINGS HAMILTON, M.D., author of a Treatise on Fractures and Dislocations, Surgeon-in-Chief to the Long Island College Hospital, Surgeon to the Bellevue Hospital, New York, Professor of Military Surgery and of Diseases and Accidents incident to Bones, in the Bellevue Hospital College. 8vo. Price, \$3 00.

This work embraces a consideration of the Examination of Recruits, the Hygiene of Troops, relating to Diet, Dress, Exercise, &c.; Accommodation of Troops in Tents, Huts, Barracks, &c.; the Construction and Location of Hospitals; Preparations for the Field; Flying Ambulances, Litters, &c., also, Gunshot Wounds, Amputations, Hospital Gangrene, Scurvy, &c. United States Army Regulations, with many other matters pertaining to Military Surgery.

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On Diphtheria. By Edward Head-

LAM GREENHOW. 1861. Pp. 160. Price, \$1.25.

Our readers will find a very large amount of information in the twelve chapters of which the volume is made up. Perhaps, in the present state of our knowledge on the subject of this obscurely understood disease, little more can be said beyond what may here be found written down.—*London Medical Times and Gazette*.

We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal*.

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Ten Lectures Introductory to the

Study of Fever, by A. Anderson, M.D. Post 8vo. London, 1861. \$1.55.

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OF THE EYE. By H. HAYNES WALTON. Second Edition, 8vo. London, 1861. \$4.85.

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The accompanying cut represents the outlines of a case, at different periods, under treatment, I was called to attend in December, 1855.

Boy, nine years old, son of Dr. —, New Bedford, Mass. Scrofulous diathesis; lower extremities powerless, and form much emaciated. The pain was severe, and the patient greatly prostrated.

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"J. V. C. SMITH, M.D., Boston, Mass.

"JOHN W. WARREN, M.D., Boston, Mass."

REFERENCE.

WILLARD PARKER, M.D., Professor of Surgery, College of Physicians and Surgeons, New York.

JOHN T. METCALFE, M.D., Professor of Institutes and Practice of Medicine, University of New York.

STEPHEN SMITH, M.D., Professor of the Principles of Surgery, in the Bellevue Hospital Medical College.

GEORGE MARVIN, M.D., Brooklyn, N. Y.

H. I. BOWDITCH, M.D., Boston, Mass., Professor of Clinical Med.

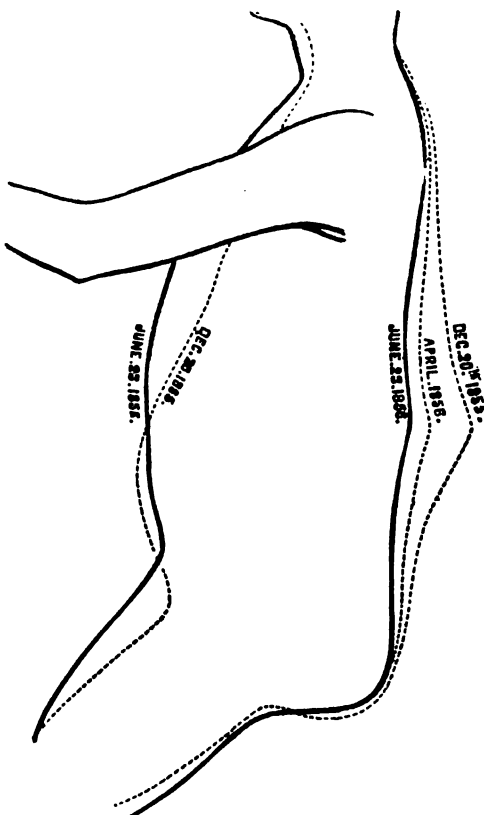
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Original Lectures.

CLINICAL LECTURES ON THE PUERPERAL DISEASES.

DELIVERED AT THE
BELLEVUE HOSPITAL MEDICAL COLLEGE.
By B. FORDYCE BARKER, M.D.,
PROFESSOR OF MIDWIFERY AND DISEASES OF WOMEN, ETC., ETC.
LECTURE II.

ON PUERPERAL CONVALESCENCE.

GENTLEMEN:—We now come to the second period of puerperal convalescence, or that period during which the function of lactation rises to its highest point of activity. It is scarcely necessary for me to tell you that the breasts and nipples are the organs directly connected with this function, and that the preparation for it commences at an early period of pregnancy. During the second and third months the nipple swells, and becomes more erectile, sensitive, and projecting, and often of a deeper color. Then the skin around the nipple is gradually discolored, varying in depth of shade, intensity of discoloration, and extent of surface; and these changes increase with the advancement of gestation. In some women, almost as soon as conception has taken place, the breasts become tender and large, and this enlargement is accompanied with pricking sensations or even positive pains. This swelling sometimes diminishes during the fourth or fifth month, again reappearing larger than before near the end of pregnancy. You should also be aware of the fact, that there is a liability to two variations from the normal modifications which occur in the breast during pregnancy. First, the functional activity of preparation in a few individuals may be so exaggerated as to produce fever, analogous to what is called the milk fever after confinement, and may even be carried to the extent of producing inflammatory engorgement, followed by an abscess. Secondly, the breasts may at first enlarge, but afterwards the tumefaction may subside, and they may remain flaccid and soft until after delivery. You may remember, that in my lecture on abortion, I mentioned the decrease in size and flaccidity of the breasts, as one of the signs of the death of the ovum, but please bear in mind that I spoke of it as one of the signs in conjunction with the others enumerated, and not as a pathognomonic sign, taken alone, of this event. But this sign is not a good one, even when the ovum is not dead, for, according to Donné, women in whom this condition of the breasts occurs prove very poor nurses, on account both of the bad quality and small quantity of their milk; and in my own experience, I have several times verified the correctness of the assertion. The secretion of milk in the breasts frequently commences as early as the fifth month of pregnancy, and some women are quite annoyed by the running out of the milk in the latter months of gestation. After delivery, the breasts yield on suction a thin watery fluid, of a yellowish color and sweetish taste, which has received the name of colostrum, which is admirably adapted to form the first nourishment of the infant, as it is slightly laxative, and well fitted to unload the bowels of its viscid green contents, called meconium. The full development of the function of lactation is not ordinarily attained until forty-eight or seventy hours after delivery, and in some a still longer period is required for this end. In connexion with this development, we sometimes meet with a combination of symptoms which, in their aggregate, have been designated as

MILK FEVER,

These symptoms may be tersely described as follows:—Headache, heat and dryness of the skin, succeeded in a few hours by copious perspirations (and sometimes, though more rarely, preceded by slight shiverings), a flushed face,

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thirst and loss of appetite, slightly furred tongue, with painful and distended breasts, sometimes to such a degree as to incommode and render painful the respiratory movements. In some cases, although this does not often occur, these symptoms are ushered in with a severe rigor, followed by profuse perspiration. Although this statement is in opposition to the assertion of most obstetrical authors, I feel well assured that I am warranted by my experience in making it, and it has this important bearing: a chill does not of itself alone prove that some graver post-partum inflammation or puerperal fever has attacked the patient. It is not always so easy to make out the differential diagnosis between milk fever and the more severe and dangerous puerperal diseases, especially when there is an epidemic tendency to the latter, as you might be led to suppose from the flippant and positive statements of some of our standard obstetrical authorities, or perhaps it would better become me to say, I have not always found it so.

It is true, as a general proposition, that in milk fever we have the positive sign of painful and distended breasts, and the negative symptoms, viz. the absence of pain and tenderness on pressure over the pelvic organs, or of abdominal tympanites, and the pulse seldom rises in this ephemeral attack above 100 per minute. But I have seen milk fever associated with severe after-pains, with tympanites from intestinal irritation, with temporary arrest of the lochial discharge, and, as I before remarked, the attack has been preceded by a severe rigor. I have seen in our lying-in wards, in this hospital, severe and even fatal cases of the so-called post-partum inflammations, in which no pain has been complained of by the patient referable to the organ implicated, in which it was very difficult to find tenderness on pressure anywhere over the hypogastric or iliac regions, and in which, so far as could be ascertained by careful inquiry, there was no decided chill. I have seen here fatal cases of puerperal fever, in which neither the mammary secretion nor the lochial discharge has been arrested, nor has there been abdominal pain, or tenderness, or tympanites, neither has the facial expression given any indication of the existence of a grave disease. I have this session, called your attention to some such cases in our wards. I therefore say, that it is only by a careful analysis of all the symptoms, and not always then, until twenty-four hours have passed from the commencement of the attack, that I am able to assert, with absolute confidence, that I have to do only with a case of milk fever.

It was formerly supposed that milk fever generally accompanied the secretion of milk, but at the present day, from the great improvement in the hygienic management of those recently confined, and especially from the general practice, now common, of applying the child to the breast at an early period after delivery, milk fever is an exceptional incident of the puerperal state. But in some women, the secretion of milk is inevitably attended by more or less febrile reaction, and the most watchful care will not avert it. The prophylactic measures which are usually successful, are the following:—

1st. Secure, by every possible means, to your patient, some hours of sound and refreshing sleep, immediately after delivery. During labor, the vital forces have been stimulated to their maximum of intensity in order to accomplish the expulsion of the child. A period of complete repose is absolutely essential to prevent more or less violent reaction, which is naturally increased by the development of the new function of lactation.

2d. Apply the child to the breast as soon as the patient has recovered by rest and sleep from the exhaustion following labor. It was formerly the general practice not to do this until the second or third day, because it was said there was no milk, and now and then I meet with a nurse at the present day, who is disposed to make the same plea. Some writers direct that the child should be applied as soon as possible after the delivery of the after-birth, and that the accoucheur should never leave until after this is done; the argument for this rule being, that by this means, and by

this means alone, is the patient secured from the danger of post-partum hæmorrhage. But, with all due deference to the opinion of others, it seems to me that the cases, where this rule should be followed, are exceptional ones. We have other methods of securing, by reflex action, the permanent contraction of the uterus, in those cases where the vital forces have not been exhausted by the labor, and where the hæmorrhage is great, and nerve power is worn out, the fatigue and excitement induced by the effort to make the infant nurse quite counterbalances the advantages that may result from it. But after the patient has had some hours of rest, there are many reasons for the sake of both mother and child why the latter should be at once and frequently applied to the breast. As it is the condition of the mother that we are now studying, it is sufficient for me here to say, that before the breasts are distended by the secretion of milk, the nipple can be more readily seized and drawn out, the flow through the lacteal tubes is more easily secured, the earlier secretion of milk is excited, and being drawn as fast as it is secreted, the breasts do not ordinarily become over distended by an accumulation of milk, the nipple is permanently elongated, and the liability to milk fever, abrasion, excoriation, fissure and inflammation of the nipple, and to milk abscess greatly diminished.

But, as I before remarked, notwithstanding these prophylactic means, the full development of the function of lactation is in some women always attended by more or less severe febrile reaction. The next question is, how shall we treat milk fever? 1st. The derivative effect of a laxative is required. Some say, in these cases always give a saline cathartic, but I would say, study the special indications of the case. A saline cathartic is not always best under these circumstances, and in a former lecture I have alluded to the principles which should guide you in the selection of a laxative. Absolute rules do very well for a mere routinist, and they save a great deal of wear and tear of mind in the medical practitioner, but they do not make good physicians. 2d. Reduce vascular excitement by sedatives. What indications is the following formula calculated to fulfil? R. Aq. aurantii flor. ʒij.; syr. simp., spts. ether nit., ʒi.; antimonii et potass. tart., gr. ij.; tinc. aconiti rad., gtt. xxx. M. S. a teaspoonful in a wineglassful of water every second hour. It is not necessary to wait for the action of the laxative before commencing the use of some such combination as the above. 3d. Direct the nurse to gently but thoroughly rub the breasts from the circumference towards the nipple, at least every two hours, until the painful distension has subsided. Of course you will not neglect to have the breasts often drawn, either by a child or a breast-pump, but take care in doing this not to permit the nipples or breast to be irritated. 4th. At night allay pain and nervous irritability, and secure sleep, by a diaphoretic anodyne. You may give eight or ten grains of Dover's powder for this purpose, but I am generally better pleased with the effects of the same dose of Tully's powder, the formula for which I have already given you. By such measures you will generally be able to overcome the symptoms of milk fever in twenty-four or thirty-six hours. But I ought to mention that I have one exceptional patient in whom the secretion of milk is accompanied with such violent vascular excitement and intense nervous irritability, amounting to delirium, that after her three confinements I have been compelled, in addition to the treatment I have just described, to resort to pretty copious venesection, and I may say here parenthetically, that this is the only patient that I have bled for nearly two years.

Lactation may be prevented or seriously interfered with by a variety of conditions that you should be aware of. It sometimes occurs that a woman may have large and handsomely formed breasts, but there is absolutely no secretion of milk. The mamma seems to be made up entirely of adipose, lacking the proper glandular development. After judicious measures have been tried for a sufficient length of time to demonstrate the impossibility of securing

the lacteal secretion, all attempts for this purpose should be abandoned, as inflammatory action may be excited which will terminate in mammary abscess. Again, in other cases, the secretion is abundant enough but it is not retained. It runs out as fast as it is secreted, greatly to the annoyance of the mother and a serious deprivation for the infant. Very often this running out of the milk in a certain degree lasts for a short time and then gradually ceases, but when it takes place to the extent of depriving the child of its requisite nourishment, positive treatment is required to arrest this untimely flow. Astringents applied to the nipples have been recommended for this purpose, but I have never seen much good result from such applications. The only effective means to accomplish this, is compression of the whole breast, exclusive of the nipple, by strapping it with adhesive plaster for two or three days. The compression should be moderate in degree and equally applied over the whole breast in such a way as to keep it up, and an incidental benefit from this measure is that it tends to preserve the form of the breasts in their virgin beauty, a result which most women bear with exemplary fortitude.

DEPRESSED NIPPLES.

The absence of sufficient prominence for the child to seize hold of, is sometimes a serious obstacle to nursing. But by drawing out the nipples with the breast-pump, and the early and frequent application of the child to the breasts before they are distended by the secretion, and by wearing constantly, when the child is not nursing, the breast shells, as they are called, this difficulty is usually overcome.

But among the most troublesome, painful, and intractable of the conditions which interrupt normal lactation should be mentioned

SORE NIPPLES.

This term includes a variety of pathological conditions; as erosions and excoriations, inflammation and ulceration, cracks or fissures at the base of the nipple, and eczema, each of which requires a different treatment; and from the vague directions found in most of the obstetric text-books in regard to their management, I suppose that most young practitioners have found these among the most perplexing and unsatisfactory of all the minor pathological affections which they are called upon to treat in the puerperal woman. You will find in your standard authors a great variety of remedies mentioned as useful local applications in such cases; but when called upon to treat them, there is such a lack of everything like specific definite direction as to the choice of these remedies in any given case, that if your experience should be anything like mine, it will seem to you as if you were compelled to grope in the dark. Without stopping to discuss the value of all the different agents proposed as useful in these cases, I will only detain you by a concise statement of what my experience has led me to believe is the best method of treatment in each special condition.

EROSION,

Or when it is more extensive it is called *excoriation* of the nipple, is a superficial wound of the skin, in which the derm is laid bare by the removal of the epidermis by nursing. Sometimes it produces little vesicles, one or more, on the apex or sides of the nipple, which are broken by sucking, and the scabs from which are again pulled off, and we have what the nurses call the *chapped* nipples. From this results entire destruction of the derm, and we then have *ulceration* of the nipple. The surface is then of a bright red color, granulated, and frequently swollen, and grooved in fissures. When such a condition exists, you can readily understand that the act of nursing produces intolerable suffering, to such a degree that patients have often told me that the pains of labor could be more easily endured. I have sometimes seen half of the nipple bevelled off by this ulcerative process. But if you see the case sufficiently early, and treat it properly, and the nurse and patient scrupulously

pulously follow your directions, the ulcerative process may always be avoided. In the early stage of erosion and excoriation, direct that as soon as the child leaves the nipple it should be very carefully wiped dry, with a soft piece of linen, and then painted over by means of a camel hair brush, with the tinc. benzoin. co. Brush it over three or four times, allowing an interval of a minute or two for each application to dry. This forms a kind of artificial cuticle, which should be renewed each time that the child nurses, and if it is possible to make the child nurse through it, direct that a nipple shield should always be used. Very good ones are now kept by our apothecaries generally, but in selecting one, be careful that its base is sufficiently large and elastic, so as not to strangle the nipple. The first application of the benzoin produces a little smarting and burning pain for a moment or two, but its renewal is not usually painful. If the ulcerative process has commenced, stop nursing from that nipple. There is no other way, and the more promptly you decide to do this, the more speedily will the nipple be cured, and very frequently it is not necessary to suspend the nursing more than twenty-four or thirty-six hours. Empty the breasts by gentle rubbing only. This can only be done by tact and perseverance, although it sometimes requires ten minutes to get the first few drops. Then paint over the ulcerated surface, twice a day, with a solution of nitrate of silver, gr. x., to ʒj. of distilled water, and keep the surface covered with carb. magnesia, or what I think is still better, calomel.

TISSUE OR CRACK

At the base of the nipple occasions intense suffering, often I have thought quite as severe as the form of sore nipple that I have just described. It sometimes is so small that it can only be seen in a good light by bending the nipple over to the opposite side. To cure it pencil the bottom of the fissure with a very fine point of the solid stick of nitrate of silver, and then cover it with collodion, that is the solution of gun cotton in sulphuric ether. If the fissure is not associated with the form of sore nipple that I have before described, or with inflammation of the nipple, that I am about to speak of, it is by these means cured speedily.

INFLAMMATION OF THE NIPPLE

Is sometimes a cause and in other cases a consequence of the preceding conditions, and the inflammation frequently extends to the areola. The nipple is conical, red, swollen, and excessively painful. Apply a soft bread and milk poultice for a few hours, and then keep it covered with one or two thicknesses of linen, wet in a weak solution of lead water, as for example:—R. Liq. plumbi diacet. dil. ʒj.; aq. rosæ ʒij.; M. ft. lotio. After the inflammation is so far subdued that nursing can be borne without much pain, you will do well to substitute for the lead water the following:—R. Aq. rosæ, glycerin., aa, ʒij.; acidi tannic. ʒij.; M. ft. lotio. I have described each of the above forms of sore nipples as distinct affections, but you should not forget that they may be associated, either two forms or the three together, when the treatment must be modified or combined according to the special indications.

ECZEMA OF THE NIPPLE,

Is, according to my experience, quite rarely met with, as I can only recollect six cases that I have seen. The first was in M. Velpeau's wards, at La Charité, in Paris. I have seen two cases in our lying-in wards, and three in consultation practice. Velpeau's prescription, which he said he had never known to fail, was the following ointment:—R. Ung. aq. rosæ ʒj.; mag. carb. ʒij.; hydrarg. chlor. nitr. ʒj. M. You should direct the apothecary to rub it up very thoroughly, or it will be lumpy. This ointment cured in a few days the cases we had in this hospital, but I am not able to say how successful it was in the other cases.

Original Communications.

MEDICO-LEGAL POINTS IN A CASE OF SUSPECTED HOMICIDAL CUT THROAT,

AS PRESENTED AT A MEETING OF THE NEW YORK ACADEMY

OF MEDICINE, HELD DEC. 18, 1861.

By A. CLARK, M.D.,

PROFESSOR OF PATHOLOGY AND PRACTICE OF MEDICINE IN THE COLLEGE
OF PHYSICIANS AND SURGEONS, N. Y.

(Continued from page 78.)

DIRECTION AND CHARACTER OF WOUND.

To my own mind there is no fact in this case which is so opposed to the theory of homicide, as the particular character of the wound by which death was produced. Penetrating on the left side directly inwards towards the centre of the neck, cutting the muscles and deep tissues to the depth of nearly three-quarters of an inch, as far posteriorly as the skin, then terminating upon the right sterno-cleido-mastoid muscle, or rather a little beyond it, cutting the skin, and half an inch further than the muscle was cut; it is a wound which could not have been inflicted by a person standing on the left side of the body, and must have been made by the right hand, either of the woman herself, or of a person standing behind her, in such manner that his right hand might take the place of hers. The bed, as has been stated, was four feet four inches wide; the body of the woman occupied the left half, nearly or quite to the centre. There was no evidence that the bed had been moved, and no evidence of any other person but herself having been upon it. There was evidently not room for a person to take an attitude upon his knees at her right hand, and there inflict the wound, even had it been possible to have made such a cut in this attitude. Besides all this, a wound prolonged at its right extremity as this was, cannot be made by a person upon his knees, and so near to the body, facing it, as he must have been, had any part of this supposition been true.

The direction of the wound seems to be of some value in determining whether it was inflicted by herself or another person. The rule which applies to it seems to be received with many exceptions, and yet when a particular direction is observed, it equally seems that the authorities attach importance to it. Thus Briand and Chaudé (p. 266) state that almost always in a suicide the instrument is directed from left to right, and from above downwards, while in assassination, on the contrary, the wounds are ordinarily made from right to left, and from below upwards, if the assassin is in front of his victim. Dieffenbach (above cited) speaks of the frequency with which in suicidal cut throat the wound is directed from left to right, and from above downwards, saying also that these wounds are ordinarily single.

Taylor (p. 266) refers to this point in the following language;—"The direction of a wound has been considered by some to afford presumptive evidence sufficiently strong to guide a medical jurist in this inquiry. It has been remarked in most suicidal wounds which affect the throat, that the direction of the cut is commonly from left to right, either transversely or passing obliquely from above downwards. * * * * * In left-handed persons, the direction of course would be precisely the reverse. Suicidal wounds are, however, subject to such variation in extent and direction that it is scarcely possible to generalize with respect to them; nevertheless an attention to this point may sometimes be of real assistance to the inquirer." Again (page 267) regarding the character of the wound he says: "Homicidal incisions, especially in the throat, are often prolonged below and behind the skin, forming the angles of a wound deeply into the soft parts; those which are suicidal rarely possess this character." The deceased and the accused are both right-handed.

POSITION OF THE BODY.

It will be remembered that little or no blood was described as having been seen below the upper border of the flannel dress that was next the skin on the chest, yet that there was a considerable spot of blood upon the sheet turned down upon the lower part of the body. The question of the position of this person when the wound was inflicted, whether seated or lying upon the bed, is one regarding which there is some doubt, and the question was raised whether it was possible to inflict this wound upon herself lying upon her back.

In my judgment this is the strongest point in the case for the prosecution, not because there is any difficulty in inflicting the wound, for there is none, as any one can convince himself by lying down either upon the floor or on a feather bed (the bed in this case was of feathers), and making the necessary motions; but because it is a position rarely chosen, and seems to offer fewer facilities to this kind of suicide than the sitting attitude. The body and head were found inclined a little to the right, but there is not even a probability that this was the position in which the wound was inflicted. There were certainly some movements after the fatal wound was received. There was more blood on the right side of the body than on the left. This would only show that the deceased turned to this position while the bleeding was yet free. Taylor (p. 284) remarks that, "If the throat be cut while a person is lying down, it is obvious that the blood will be found on either side of the neck and not extending down the front of the body." Few suicides cut the throat while in a recumbent posture, and the course which the blood has taken may, therefore, be rendered subservient to the distinction of a homicidal from a suicidal wound." Had it been shown in this case, that the wound was really inflicted while the woman was lying down, in my appreciation, the other circumstances are so controlling as to place this case among the "few suicides who cut the throat while in a recumbent posture."

LOSS OF BLOOD.

At one stage of this trial, while it yet appeared that the quantity of blood lost was inconsiderable, it became of importance to ascertain what was the smallest loss that had proved fatal in the recorded cases.

In the case of Augustus Dautun (Beck, ii. 141), murder was committed, and the body afterwards cut to pieces. Dupuytren stated that the wounds in the chest were mortal. The thorax contained four pounds of blood.

Mr. Watson mentions a case (quoted by Taylor, 298), in which the internal mammary artery of the left side was divided by a stab in the chest. The man died on the ninth day, and four pounds of blood were found effused in that side.

Mr. Gutteridge (*Lancet*, Oct. 31, 1846, p. 478) reports the case of a woman, aged thirty-six, who received a kick from her husband in the lower part of the abdomen, while she was in a stooping position. Seen by Mr. Gutteridge in three-quarters of an hour, she had lost from three to four pounds of blood. She was sinking, and expired a few minutes after his arrival. The wound was entirely external, the left crus clitoridis having been crushed so as to expose its cavernous structure.

In Beck (ii. 365) it is stated that a young man, sixteen years old, was stabbed with a nail rod and died in three minutes. The blood lost was one and a half pounds. The thoracic aorta was found wounded.

In the instance already cited, on the authority of Adelon, Dubois, Boyer, and Rami, it is reported that one pound of blood was lost. In this instance, however, it will be remembered there was congestion of the lungs, and blood in the air passages.

In Beck (ii. 348) it is reported on a Boston authority that a prisoner cut his throat, and died with the loss of a pint of blood. It is suggested, however, in this case, that air might have entered the jugular vein.

It would seem, then, that persons whose throats are fatally cut may die on the loss of a pound of blood, and it does not affect the question at issue that a circumstance other than the mere loss of blood aided to produce the death. The question is, What is the smallest loss of blood, which of itself alone, or complicated with other circumstances incident to such wound, may prove fatal in a cut throat? The question of how much blood the body naturally contains, though raised in this case, is in no manner essential to the issue.

Taylor (297), referring to some of these cases, says: "Females are more easily destroyed by hæmorrhage than males," and adds (p. 298), that according to Mr. Watson, the loss of five to eight pounds will ordinarily prove fatal, but that many persons will die from a much smaller loss; the rapidity of the flow exercising a great influence, as when a carotid is cut.

SUFFOCATION.

The circumstances which seemed to have been relied on as the proofs of suffocation, were: the alleged engorgement of the lungs, the pulmonary apoplexy, the bloody pleuritic effusion, the small quantity of blood supposed to have been discharged from the wound, a certain amount of oozing from the cut vessels at the time the wound was dressed by the physician, and the blood which was discovered in the dressings at the first post-mortem examination.

These have been all remarked on except the last. Regarding the quantity of blood lost, while it has been shown that any quantity from a pint upwards may be with other circumstances attending upon cut throats sufficient to destroy life, the course of the evidence showed a much larger quantity than was at first supposed. With reference to the oozing of blood from the cut vessels, the witnesses for the prosecution were not all of the same opinion as to its significance, one of the most experienced stating that blood would continue to flow for a considerable time after death, but chiefly from the veins. As a matter of fact, however, it did not appear that the oozing after death was considerable, making allowance for a clot which was found in the wound and washed out at the time of the dressing.

Taylor (p. 299) makes the following statement regarding this circumstance: "It must not be supposed that all the blood met with around the wounded dead body was actually effused during life. As soon as the heart's action ceases, the arteries pour out no more, but the blood, so long as it is fluid, that is from four to eight or ten hours, and the warmth of the body is retained, continues to drain from the divided veins and smaller vessels. The quantity thus lost is not very considerable, unless the veins implicated are large."

The dressings of the wound, as observed at the first post-mortem examination, appear to have been: 1. A bandage extending around the neck; 2. A compress laid over the closed lips of the cut; and 3. Some cotton-batting that had been placed in the wound. These, it is stated, were filled with blood. The interpretation at first given was that it was drainage from the vessels left full from suffocation, but on further consideration it was admitted that all the blood found there, and more, might have come from the cranial cavity, expelled after the development of gases by decomposition. The circumstances which seemed to weigh as negatives upon the same question were: the entire emptiness of the heart in all its cavities, the empty state of the large internal blood-vessels, both arteries and veins, the entire absence of static congestion and cadaveric lividity, as well as the unusual bloodlessness of every viscus of the body, the lungs, and probably the brain, excepted.

A circumstance already mentioned may weigh as evidence against the supposition that she was suffocated to death before her throat was cut, that is, the fact observed by one or more of the women (on laying out the body) that blood bubbles were noticed to rise out of the trachea. The trachea then was filled with frothy blood. This could hardly have been in the winter season, and within a few

hours of the death, had there not been breathing after the throat was cut, and after the blood had entered the air-tubes.

Another circumstance of great significance, was the entire absence of any marks of violence upon the surface of the body, even the slightest, excepting always the fatal wound. The suffocation of infants is easy, and is doubtless often effected without any marks that would lead even to the suspicion of murder. The same may be true of persons much enfeebled by disease or insensible from intoxication or narcotic drugs, but the case is very different with adults and persons not enfeebled or poisoned. The examination of the records will probably fail to show a single case in which a mark or marks, considerable or slight, have not been left upon the body of such persons. It may be the cartilage of the nose has been crushed, the larynx may have been broken; there may be marks of the nails, or scratches upon the cheek; the upper lip may be ecchymosed, and even tumefied; and marks of the fingers may be found upon the neck or face, or ecchymosis, more or less considerable, resulting from a struggle; upon almost any part of the body evidence of bruises and ecchymosis; but that an adult of ordinary strength can be suffocated without leaving some mark, seems almost impossible. The instance claimed as that most nearly free from such external evidences was that of Margery Campbell, suffocated by Burke. "In her the features were rather more turgid than natural, the lips dark, conjunctivæ much injected, a little blood in the left cheek apparently from the nostrils; scarf-skin under the chin much roughened, and the skin brown and dry where denuded; the hyoid bone and thyroid cartilage farther apart than natural by the stretching of the interposed ligaments." Thus when Prof. Christison stated that these circumstances would not of themselves alone justify the opinion that this woman was suffocated, he did not by any means say that there were no marks that might lead to the suspicion of suffocation. It must be further noted that no scratches or marks of resistance of any kind were proved upon the person of the accused; and in this connection, it is proper to say that no stain of blood was found on his person, or clothing, or anything that was in habitual use by him, the razor only excepted.

The accused is slight in figure, exceeding in weight that of his wife only by twenty-five or thirty pounds. The disparity of strength could not have been very considerable; it therefore may be fairly questioned whether he possessed the physical strength to accomplish homicide in this way.

It is true Taylor remarks (p. 822), that "there are rarely any considerable marks of violence externally," but he further states under the head of "Homicidal Suffocation" (p. 827), "Hitherto the cases that have come before our Courts of Law have been those of infants and of the aged and infirm, and persons enfeebled by illness;" and again (upon the same page), "Homicide by suffocation would not be attempted on healthy persons, unless they were in a state of intoxication, and thereby rendered defenceless. It is certain that most individuals would have had it in their power, unless greatly incapacitated by disease or intoxication, to offer such a degree of resistance as would leave upon their persons indubitable evidences of murderous violence." Again (p. 830), "Certain trials which took place some years since, clearly prove that individuals in a state of intoxication or infirmity, have been murdered by smothering, for the sake of the money derived from the sale of their dead bodies. It will be sufficient to mention the trials of Burke and McDougal in Edinburgh, and of Bishop and Williams in this metropolis (London). The victims were commonly destroyed by the murderer resting his whole weight upon the chest, so as to prevent the motions of the ribs, and, at the same time, forcibly compressing the nostrils and mouth by his hands to prevent the ingress of air." The case of Margery Campbell, just referred to, illustrates the kind of external evidences which this class of cases would be likely to furnish.

A curious instance illustrating the points here under con-

sideration, is recited by Cazauvielh (*Annales d'Hygiène*, xvi., p. 123). A man, twenty-nine years old, married at twenty-four, for three years gave no proof of conjugal affection, and then his wife only received once, in two or three years, some caresses; later, every spring, he experienced insomnia, pain in the head and epigastrium, redness of the face and sadness. He then often spoke of death, and said, "He would hang himself, but would strike a good blow before that." When in bed with his wife, he would make very frequent attempts to strangle her, seizing her by the throat. If she disengaged one hand, he persisted in his attempt with the other. Not able to accomplish his design, he would tear her flesh. He renewed these efforts every spring for fifteen years. After a time there was less regularity in these excesses, but he became habitually irascible, unkind, and subject to exaltation of ideas.

These statements and circumstances lead to the conviction that strangulation, under the circumstances of this case, would not have been easily accomplished.

Finally, nothing of the subpleural ecchymosis, regarded by Tardieu & Bayard as characteristic of suffocation, was found in either post-mortem examination; nor was any bloody effusion found under the scalp or serous pericardium.

There are other points in this case that have been interesting to myself, which may perhaps be presented should the subject excite discussion, but I close the presentation of the case for the present, with the statement that this woman was habitually jealous of her husband to an extreme degree, and on two occasions, at least, had been insane.

DIFFICULT OBSTETRICAL CASES.

By GEORGE T. ELLIOT, JR., M.D.

PHYSICIAN TO BELLEVUE HOSPITAL AND THE LYING-IN ASYLUM, CONSULTING PHYSICIAN TO THE NURSERY AND CHILD'S HOSPITAL.

(Continued from Page 417.)

CASE LXXXIII.—*Apoplexy in a Neonatus.*

Bridget Kearney, æt. 35, 2d labor (1st easy), commenced in Bellevue Hospital, Nov. 7, 1861, at noon, and terminated on the 9th at 10 A.M. Dr. Vedder, House Physician.

In this case the second stage lasted eight hours and fifteen minutes, male still-born child, nine and a half pounds. The child's head remained stationary in the outlet so long that Dr. V. sent for Dr. Barker to deliver, but the child was delivered by the unaided and powerful uterine contractions just before his arrival. The child gasped three or four times, but could not be brought to life. I superintended the post-mortem, which was made by Dr. Lowel, with the following result:—Great vascularity of brain, and effusion of currant-jelly-like blood over the convex surface of both hemispheres near the posterior fontanelle. This effusion was not excessive. Each ventricle was filled throughout its whole extent with a clot which had not lacerated the brain tissue, while in the centre of the cerebellum was a clot the size of a small gooseberry.

CASE LXXXIV.—*Suppuration of Thymus in utero.*

A woman entered Bellevue in the last month of pregnancy, as she asserted, exhausted, and with symptoms referable to the nervous system, which subsequently proved to be chiefly hysterical. Less than a week before her confinement (which was in every respect natural), I distinctly heard the foetal heart, which, however, could not be detected by Prof. Flint a few days subsequently. The child was still-born, small in size, well proportioned, without evidence of disease, and the epidermis only susceptible of being rubbed off between the shoulders, and there to a limited extent. The placenta and cord were normal. Microscopic examination by Prof. A. Flint, Jr. I superintended the post-mortem, which was carefully made by Dr. Cleaveland, and which furnished no cause for death, until I remembered that the thymus had not been examined. This, which was in every way natural in its external appearance, contained pus. The whole amount was about equal to a small salt-spoonful, and was examined microscopically by Dr. A.

Flint, Jr. The woman herself presents no evidence or history of syphilis, though, of course, we are unable to ascertain whether any paternal taint existed.

CASE LXXXV.—*Puerperal Mania.*—*Bellevue Hospital.*—*Service of Dr. Geo. T. Elliot.*—*Reported by Francis R. Lyman, M.D., House Physician.*

"M.—L—, native of Ireland, æt. 21, single. Admitted September 10, 1861. Brought in by the police. From a woman who accompanied her the following history was obtained:—Patient, a robust, healthy Irish girl, was confined on the 1st inst., and after a short labor was delivered of twins. The mother and children did well until the 5th of September, when she began to complain of pain in her head. This pain she steadily complained of until the 8th, when, for the first time, she manifested symptoms of delirium, becoming unusually talkative, and exhibiting a flow of spirits quite contrary to that which she had shown for some days previous. The delirium became more violent, and on the 9th she attempted to take the life of one of her children. When she was admitted the delirium was so marked that she was taken to the cells. When first seen she presented the following symptoms:—On entering the cells she was found walking the room, stopping at intervals, and staring with a fixed gaze at the ceiling. She was constantly talking, calling her mother and other friends, repeating the same name in succession many times with great rapidity. Her attention was drawn for an instant as the cell door opened, but she immediately turned to the wall and continued her ravings. On being urged to go to bed she was afraid of injury, and with the same breath cried out that "her child had been killed," repeating it as before. Her face was flushed; eyes bright and sparkling; surface hot and dry. Her pulse was 120 and feeble in character. Abdomen flaccid. Uterus contracted, but larger than usual. She refused to protrude her tongue, and did so only after being repeatedly told to close her mouth. It was large, and coated with a white fur at the base. It was discovered that she was flowing, and a vaginal examination showed the os uteri to be patulous and dilated to the size of a quarter dollar. She was flowing very little, but it was constant. The vagina was of normal temperature and bathed with mucus. An attempt to give her nourishment was resisted by her with all her strength, and it was only given by prying open her clenched jaws. In this way she took some beef tea, with wine 3ss. She was ordered wine 3ss. every three hours. Morph. liq. sol. in connexion with tr. ergotæ 3ii. every four hours. She was to have a pill, Ext. colocynth. co. grs. v.; ol. tigllii gtt. j.; M.

12 M.—Patient has not slept any, though she has kept her bed. Is constantly talking. Her mind catches a question which is asked, and long afterwards she answers it.

Sept. 11.—Pulse 100. Patient is in same condition. Has not slept any. Nurse was unable to give her the pill. Ordered an enema. Not having passed any urine a catheter was used and three pints drawn. The flow continues, and her vagina has been filled with ice, and the dose of ergot doubled. An examination of her urine with heat and NO₃ gave no precipitate. Sp. g. 1020.

9 P.M.—Pulse 96. Bowels have been opened freely since last visit. Offers less resistance to taking her stimulants, etc., though occasionally force has to be used. Morph. a. liq. to be given every four hours until she sleeps.

12 M.—Pulse 90. Same condition. Wide awake and incessantly talking.

Sept. 13, 8 A.M.—Pulse 80. Patient grew more quiet towards morning and slept an hour. Has had since last night wine 3ss. every two hours. Bowels open, passes her urine freely.

7 P.M.—Patient is still delirious, but more quiet. Has slept a little at intervals during the day. Pulse 72.

Sept. 14.—Patient slept several hours during the night. Pulse 60. Tongue large, slightly coated. Mind clear. Confirms the history already obtained in every particular—says "that she had sent for the father of her children and he

could not be found," which preyed upon her mind for some days before she lost her consciousness.

Sept. 15.—Pulse 60.

Sept. 16.—Pulse 52; regular good force.

Oct. 1.—From the date of last report the patient continued to improve. Her pulse continued slow for some days; it kept for three days at 48. She was transferred to ward 24 female, and was convalescent. To-day when coming through the ward she was found in a hysterical convulsion. An enema was administered, bowels opened, and she soon regained her consciousness, or at least showed that she had not lost it. Her urine was examined again, it was a pale yellow color, almost colorless, sp. g. 1010. Heat and NO₃ failed to give any precipitate.

Oct. 31.—Patient has been under observation since last date. Her treatment has been tonic, with some *asafoetida* to allay nervous irritability. She has taken ferri lactat. in an infus. gent. co. As her health has improved her hysterical convulsions have lessened in frequency, and she has not had any for some days. She is apparently perfectly well in body and mind.

Reports of Hospitals.

NURSERY AND CHILD'S HOSPITAL.

J. LEWIS SMITH, M.D., CURATOR.

REPORT ON DIPHTHERIA.

DIPHTHERIA, which has been so much dreaded in New York during the past two or three years, and has been the subject of so much talk both in professional and non-professional circles, has not prevailed to any considerable extent in the hospital. Isolated cases have occasionally occurred, in which symptoms and lesions showed the diphtheritic nature of that disease; and other cases in which it is doubtful whether the complaint might not have been croup, or scarlet-fever, with suppressed rash. The following cases of diphtheria present some features of interest:—

Case 1.—J. W., male, aged 6 months, was admitted into the Hospital, Oct. 20, 1859. His dejections were frequent and offensive, but were finally checked by opiate and alkaline remedies. On the 23d of Nov., the attention of the physician was again directed to him, when his fauces were found covered in every part with false membrane; his bowels were again loose, deglutition difficult, and respiration somewhat labored. He was given potas. chlorat. gr. iv. every four hours, wine whey, and beef-tea. He continued to fail, and died of exhaustion on the 29th day of November. There was no cough during his sickness.

Sectio cadaveris, 24 hours after death: Body much emaciated; a diphtheritic deposit covered the fauces, and extended into the larynx nearly to the rima glottidis; trachea, bronchial tubes, lungs, and oesophagus healthy; a portion of both lungs had an ashen hue, which, under the microscope, appeared to be due to altered blood discs; foramen ovale closed; left ventricle firmly contracted; liver of healthy appearance, weighing 3 viss.; stomach and small intestines healthy, with the exception of slight vascular patches in the latter; mucous membrane of the colon thickened, vascular, and ulcerated; mesenteric glands moderately enlarged, and of a lighter color than natural; the kidneys, examined under the microscope, appeared to be healthy.

This case shows how insidiously diphtheria may approach. There was no cough to announce the disease, as in croup. The lassitude, fever, and difficulty in swallowing, directed attention to the throat, when diphtheria was discovered fully developed. The dysphagia accompanying diphtheria, is no doubt generally due to inflammation of the throat, and was so probably in this case, but it sometimes appears to result from paralysis of the muscles of deglutition. A nursing infant, not far from the hospital, did not recover the full

power of swallowing for several months after the attack, and long after the inflammation had subsided.

The colitis, in this case, appeared to be independent of the diphtheria, as there was no pseudo-membrane in the colon; and the ulceration rendered it probable that the inflammation was of considerable duration, perhaps dating back to the looseness in October.

Case 2.—D. A. H., æt. 17 months, was admitted into the Hospital, Oct. 6, 1859, emaciated, and with diarrhoea, probably the result of the 'summer complaint.' The diarrhoea continued at intervals, through life, and he had considerable cough. On the 8th of December, the respiration becoming embarrassed, he was carefully examined, and diphtheritic patches were found in the mouth, and upon the fauces. The throat was washed with a solution of nitrate of silver, thirty grains to the ounce; four grains of chlorate of potash were given, every four hours, with the liberal use of beef tea and wine. He continued to fail, and died of exhaustion on the 10th.

Section cadaveris, on the 11th: Body much emaciated; rigor mortis slight; the diphtheritic deposit covers the fauces, epiglottis, glottis, to the rima glottidis, the entire cesophagus, and almost the entire stomach; the mucous surface underneath was infected; that of the cesophagus and stomach, especially, was very vascular, softened and thickened; there were pleuritic adhesions, apparently, of considerable standing at the apex of the left lung; on the right side the middle lobe was solid, non-crepitant, and not susceptible of inflation; lower portion of the upper lobe, on the left side, was in a similar condition; other portions of the lungs healthy; foramen ovale still open; liver of healthy appearance, weight $\frac{3}{4}$ xijss.; kidneys healthy; Peyer's patches injected; and in other places, the mucous surface of the intestines was moderately vascular and thickened.

The deposit taken from the epiglottis, examined under the microscope, presented an amorphous appearance; no cells were noticed in it; that in the stomach was found to consist, almost entirely of cells, no doubt the plastic corpuscles of some writers, the pyoid of others; no fibrillation was observed.

It is well known that death in diphtheria usually occurs from exhaustion, but in many cases untoward circumstances conspire with the depressing nature of the disease to produce the fatal result. In two instances, I have known hæmorrhage from the nostrils and mouth, to be followed quickly by death. In the above case, the unfavorable circumstance was the seat of the deposit: the function of the stomach was almost entirely lost by the thick membrane which covered its follicles.

The deposit in diphtheria is said to be identical with that in croup. It appears to me to be more friable—more cellular and less fibrillated—than in most cases of croup. In several instances I have found the deposit to consist almost entirely of plastic cells, as in the above case.

DIPHTHERITIC PARALYSIS.—M. Roger has investigated the history of the numerous cases of diphtherite which have occurred during 1861, in the Children's Hospital, at Paris, for the purpose of ascertaining the relation of paralysis to this affection. Of 210 cases thus observed, paralytic accidents have appeared in 31, or in about one-seventh of the whole number. But, as many of the patients are removed from the hospital before the period of paralysis arrives, and as many also die early of the diphtheritis, the proportion is probably much greater; in fact, about one-fourth. M. Roger also found that secondary paralysis is rare after other acute maladies. Diphtheritic paralysis appeared most frequently between the ages of four and six; 21 times in the female, and 17 in the male sex. The season of the year did not appear to have any influence over it. The paralysis almost always began at the pharynx and soft palate; in 2 out of 10 cases, the paralysis reached the lower limbs.—*Brit. Med. Jour.*

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, JANUARY 8, 1862.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. FORDYCE BARKER'S PAPER ON THE USE OF ANÆSTHETICS IN MIDWIFERY.

(Continued from page 88.)

DR. BARKER, in closing the discussion, very briefly alluded to the points referred to by previous speakers:—I have long thought that there is a field for future investigation in regard to the difference in the effects of the two anæsthetic agents, the sulphuric ether and chloroform, and that we may be able in the future to ascertain the laws which should guide us in one class of cases to select the one, and in another class, the other agent. That there is a decided difference between them in their effects in producing anæsthesia, must, I think, be apparent to all who have had much experience in their use. I will mention, in illustration of these points, four distinct facts that I have observed.

1st. At a very early period after the discovery of anæsthesia, I was called to see a stout, muscular, laboring man, who had a dislocation of the shoulder. It was ten or twelve days after the accident had occurred, and the case had been, by his former attendant, mistaken for and treated as rheumatism. The tegumentary coverings of the shoulder were excoriated and very sensitive from the application which had been made to relieve the supposed rheumatism, on account of which it can readily be believed that the requisite manipulation for reducing the dislocation would have been almost out of the question. It struck me that this would be an excellent opportunity for testing the alleged new discovery. I therefore sent for Dr. Allen, an excellent dentist, now of this city, but then residing in the same town with myself, who had purchased the right to use the *letheon*, as it was then called. I had already seen him use it once with success in the extraction of teeth. I was, therefore, not so much surprised by the complete anæsthesia induced, as by the wonderful ease with which I reduced this dislocation, which had existed so many days in a very muscular man. The muscular relaxation was complete. Some two years after, when chloroform had come in use, I was called to another case of dislocation of the shoulder, but in this case, although the chloroform produced most perfect anæsthesia, I was greatly disappointed by the absence of the muscular relaxation which had so much facilitated the reduction in the former case.

2d. It has happened to me several times to meet with difficulty when administering chloroform for dental operations, in getting the mouth open for the operator, after anæsthesia has been induced. About four years since, I was requested to administer the chloroform to a very nervous lady who was to have the stumps of eleven teeth extracted. She had come to the city to have a complete set of teeth inserted. She was a bad subject for coming under the influence of chloroform, and when complete anæsthesia was produced, we found it impossible to get her mouth open. As it was not possible, from the extreme nervousness, to operate when she was only partially under the influence of the anæsthetic, we were obliged to give up for that day the proposed operations. Some days after, I administered the sulphuric ether to this lady successfully in every respect.

From the facts I have just mentioned, I have been disposed to come to a different conclusion from my friend Dr. Peaslee, and to ask myself whether in the rigidity of the perineum and of the cervix uteri, the ether would not be the preferable anæsthetic. But I have not yet tested the question practically.

3d. I am convinced from practical experience that ether does not control convulsions in the same happy way as does chloroform. In the early days of anæsthesia, I made

use of ether in three cases of puerperal convulsions, and I decided from its effect in these cases never to use it for this purpose again. Now, I hardly need to say that I look upon chloroform as one of our most valuable adjuncts in the management of certain forms of puerperal convulsions.

4th. I will mention another fact which I think goes to show that there is some marked difference between the anæsthetic properties of the two agents. In the summer of 1860, I had as a patient, a lady at Newport, who suffered from the most violent attacks of that form of neuralgia of a branch of the fifth pair of nerves, usually denominated *tic douloureux*, that I have ever seen. After having exhausted all my resources in neuralgic remedies for the relief of the paroxysms (they occurred at the menstrual period, but menstruation was suspended), I used chloroform, inducing perfect anæsthesia, but without the least benefit. While fully under its influence for more than two hours, her face still expressed the most intense agony, and after the effect of the chloroform had passed off, she was in no degree relieved. In a subsequent attack after my return to the city, she was visited by Dr. King, of Newport, who administered the ether, which perfectly arrested the paroxysm. She was in this city when the next paroxysm returned. I was naturally somewhat sceptical in receiving her account as to the different effects of the two agents, and I again tried most thoroughly the chloroform, keeping her fully under its influence quite two hours, but without success in giving any relief. I then determined to test the matter by the trial of ether, after the effects of the chloroform had entirely passed off. I therefore sent for Squibb's pure sulphuric ether, and although its first inhalation was very disagreeable and unpleasant in its effects upon her, yet when complete anæsthesia was induced, the pain was so perfectly relieved that she slept the remainder of the night, some seven or eight hours, and there was no recurrence of the paroxysm.

These four distinct classes of cases involve four distinct principles, and they, with others less striking which I might mention, if time would permit, lead me to believe that we shall yet discover, in the progress of science, laws which should govern us in selecting in one class of cases the one, and in another class of cases the other anæsthetic agent. I do not mean to be an enthusiast or partisan for chloroform, but so far as I am at present informed, I still believe that it is generally the preferable anæsthetic agent in obstetric practice.

Dr. BARKER then replied to the inquiry of Dr. White, whether the administration of chloroform was admissible in cases of midwifery, where organic disease of the heart, lungs, or kidney existed. In his opinion, the existence of these diseases was often an additional reason for resorting to anæsthesia in midwifery, as the vital forces during labor were saved rather than exhausted by the anæsthetic. Dr. B. also referred to a very important point, made on a previous evening by Dr. Griscom, viz. as to the precise degree of anæsthesia requisite in obstetrics. In his practice, he had endeavored from observation to establish some general laws which should guide him in this particular, but he (Dr. B.) had become convinced that each individual patient must furnish individual laws as to this indication. A man of tact and experience would, after his patient had inhaled chloroform for five minutes, detect the individual peculiarities which should govern him in this particular. Dr. B. was greatly surprised by the statement of his friend and colleague, Dr. Taylor, that his impression was that the mortality of mothers had increased since the use of anæsthetics in midwifery. Vague, indefinite impressions could have but little value in scientific argument, where positive statistics were in question. Why, the report of the registrar-general of England shows that in the year 1847, the birth of every ten thousand living children was the death of sixty mothers; whereas in 1857 it was only fatal to forty-two, and the decrease in mortality was regularly progressive. On the spur of the moment, without having at hand the exact statistics, he asserted that he had carefully studied

the question as to this point, and that the statistics of the Dublin Lying-in Hospital, that of Wursburg, and of the other Hospitals which had furnished anything like reliable statistics, exhibited also a progressive decrease in maternal mortality. He did not ascribe this decrease solely to the use of anæsthetics in midwifery, but he believed that it had contributed essentially to this end.

As regards the danger from the use of chloroform in midwifery, he would again reiterate his statement that there was not a single well-authenticated case reported where death had occurred when the agent had been administered by a medical man. In the first case quoted by Dr. Watson, according to the report, the patient herself took the chloroform contrary to the advice of her physicians. 2d. She did not die until twelve hours after she had ceased to inhale the chloroform. 3d. The symptoms preceding her death, as reported, are not at all like those where chloroform has been alleged as the cause of death. 4th. They are just the symptoms of fatal collapse from rupture of the uterus, and the antecedent history confirms this theory. I can find plenty of analogous cases where no chloroform had been used. There was no post-mortem examination, and therefore we cannot say positively that the death came from this cause. As to the other cases quoted by Dr. Watson where the patient did not die, it may be admitted that dangerous symptoms arose from an excess of the agent. It is unnecessary to discuss this, as, like many other efficient agents in medicine, it may be given to such excess as to cause death. This is a point no one disputes.

The Academy then adjourned.

MEDICAL SOCIETY OF THE STATE OF NEW YORK

FIFTY-FIFTH ANNUAL SESSION.

(Continued from page 87.)

WEDNESDAY MORNING, FEB. 5, 1862.

AFTER the reading and approval of the minutes of the previous meeting, Dr. O. WHITE, of New York, called up from the table the resolution offered by the Oneida Co. Medical Society, relative to the appointment of homœopathic surgeons to the army.

Dr. GARRISH then presented the resolutions adopted by the New York Academy of Medicine upon the same subject, which have been already published in the *Times*. Some discussion took place in reference to the adoption of the resolutions as the sense of the Society, and finally on motion of Dr. COATES, it was resolved that a committee of three be appointed to take into consideration the subject, and report at the next meeting.

The committee was constituted of Drs. Coates, Townsend, and Squibb.

Dr. E. R. SQUIBB, of Brooklyn, in the absence of Dr. F. H. HAMILTON, chairman, read an elaborate report from the special committee upon the U. S. Drug Law, with a brief history of the movement subsequent to the adjournment of said committee. He also read a report of his own duties as the representative of the Society in the committee of revision and publication of the U. S. Pharmacopœia.

Dr. S. D. WILLARD presented a paper entitled, *Conservative Surgery*, with a list of surgeons and assistant-surgeons of the volunteer army of New York, their age, where graduated, what year, what service seen, when appointed, and where promoted.

MEDICAL PROVISION FOR RAILROADS.

Dr. EDMUND ARNOLD, of Yonkers, next read an interesting, elaborate, and practical paper "on the medical provision for railroads, as a humanitarian measure, as well as a source of economy to companies." After citing cases of various classes, and showing the loss of life arising from the neglect of such previous provision, he detailed his plans for supplying it, much of which we have already given to our readers. As on many lines, however, stations, and flag stations are far apart and appliances would be too far

off, he also detailed provisions to be carried in the cars themselves. Within the last few days Dr. Arnold had heard that a measure had actually been prepared to go before the Legislature with the consent of most of the railroad companies of the State, of which the medical provision forms an essential feature, and of which we may give an abstract in a future number.

Dr. MASON, of Kings co., presented the following:—

Whereas, on the principle of self-preservation being the first law of nature, it is the paramount duty of the State to promote by all possible means the preservation of the health and lives of the people, and their protection against the causes of disease which continually surround them, especially in connexion with the conditions of civilization, and *whereas*, in the opinion of this Society, the health laws of this State have not kept pace with the rapid modern progress of sanitary science, and government fails to enforce many well known means by which disease and death may be averted, and longevity and population increased, therefore

Resolved, That the bill now before the Legislature, known as the Metropolitan Health Bill, meets with the cordial approval of the State Medical Society, as a measure which, though partial in its application to one section of the State, is a step in the right direction, and should be enacted into a law without delay.

Resolved, That the foregoing preamble and resolution be authenticated by the officers of this Society and transmitted to the two Houses of Legislature.

The resolutions were warmly supported by Drs. Griscom, Mason, Taylor, and others, and were finally adopted.

Dr. HUTCHINSON, of Kings co., read a paper on "Dislocation into the Ischiatic Notch, with Autopsy," which illustrated the practicability of Reid's method of reduction.

Dr. DOWNS, of New York, followed with the synopsis of a case of peritonitis, occurring in a child, in which large doses of morphine were used in the treatment.

Dr. BRINSMADE, of Troy, offered the following resolution, which was adopted:—

Resolved, That a Committee of five be appointed to draft a Sanitary Code for the State of New York, and submit the same to this Society for its consideration, at its next annual meeting.

Drs. Brinsmade, Seymour, Griscom, Hun and Mason, were appointed on the said Committee.

CIRRHOISIS OF LIVER.—VOMITING OF BLOOD.

Dr. M. M. MARSH (Onondaga) presented a specimen of cirrhosis of the liver. The patient vomited during eighteen hours more than nine pints of blood, and after the lapse of four days again vomited eighteen and a half ounces of the same fluid. Autopsy revealed a softened condition of the vessels of the duodenum, "hob-nailed" liver, and enlarged spleen. The spleen was double, each separate organ being supplied by a branch of the splenic artery, and being made perfectly distinct from each other by a membrane between; one was directly over the other.

Dr. FINNELL stated that in over one thousand post-mortem examinations made by him, he had not met with a condition of the spleen similar to that described by Dr. Marsh, where the organs were placed in such relation to each other with a membrane intervening. He had, however, not uncommonly seen a series of spleens in the same subject, each supplied by a distinct arterial twig. In reference to the cause of death, he could call to mind two cases presented by him to the N. Y. Pathological Society, where death from hæmatemesis was simply the result of cirrhosis of the liver. Both these patients were young females. He also stated that the amount of blood lost in the case was an interesting fact to note.

Dr. HART (Brooklyn) having frequently had occasion to notice the concurrence of enlarged spleen with cirrhosis, asked if such was always the case.

Dr. FINNELL replied in the negative.

Dr. GARRISH stated that he had frequently met with a normal spleen in cirrhosis.

The Society then adjourned to meet at 3 P.M.

WEDNESDAY AFTERNOON.

The minutes of the morning were read and approved.

Dr. VAN HÖVENBURGH of Ulster, read the following:—

Resolved, That a Committee of five be appointed by the Chair to see Dr. Freer, chairman of the Senate Committee on Medical Societies, as also the Medical Committee of the House, and inquire the provisions of

the bill incorporating the State Homœopathic Medical Society, and report to this Society what action is necessary in the premises.

Adopted, and Drs. Vanderpoel, Bissell, Blatchford, Bates, and Taylor, were appointed such Committee.

Dr. SHRADY (N. Y.) offered a preamble and resolution relative to the medical provision for railroads, as advocated in the paper read by Dr. Arnold during the morning session:—

Whereas, In the opinion of this Society, much loss of life and limb occur for want of sufficiently speedy medical assistance in cases of railroad accidents, and *whereas* the efforts of medical men when present are often rendered nugatory by the want of suitable appliances, and *whereas* it is desirable that some better provision should be made than at present exists to prevent railroad casualties, and *whereas* this Society has been informed that a large and comprehensive measure is about to be introduced in the Legislature of this State, of which proper medical attendance for railroads forms an essential feature, therefore be it

Resolved, That a Committee be appointed to report at the earliest moment whether any or what action shall be taken by this Society in the premises.

The Committee consisted of Drs. G. F. Shraday, E. Arnold, and A. Willard.

Dr. E. HARRIS (N. Y.), as Chairman of a Committee on the Medical Topography of the State, sent a communication reporting progress.

Dr. BLATCHFORD announced that the New Jersey State Medical Society desired the appointment of a delegate to the N. Y. State Society, and moved that six delegates be named to attend the next annual meeting of that Society, which would be held in Jersey City.

CASE OF SUPPOSED MURDER.

Dr. JOHN SWINBURNE, of Albany, read an elaborate paper treating of the medico-legal points in the celebrated Budge case. He gave at great length his reasons for supposing it to be a case of murder instead of suicide, and in conclusion read corroborative letters from Geoghehan, Taylor, Mott, Gross, and others.

Dr. SCRIBB, from the committee to which was referred the resolutions of the Oneida Co. Medical Society, and the N. Y. Academy of Medicine, upon the subject of remonstrating against the introduction of Homœopathy into the Army, reported that the Society should earnestly endorse the object of these resolutions, but advised that all unnecessary action that might be construed into persecution be avoided; that the committee felt satisfied that the Government will take no step so disastrous, so revolutionary, and so expensive, as the one of introducing any forms of charlatanism into the Army.

Dr. J. M. MINOR, Kings co., read a description of a new instrument for the treatment of stricture of the urethra, and Dr. J. H. BURGE, Kings co., followed with an account of important modifications made in the instrument, for a similar purpose, presented by him at the last annual meeting.

The Society then adjourned to meet in the Assembly chamber, at 7½ P.M., to listen to the President's address.

WEDNESDAY.—EVENING SESSION.

The meeting being called to order by the Secretary, the President, Dr. E. H. PARKER, delivered his annual address. He chose for his subject the dignity of the Profession, and discoursed upon the various ennobling and distinctive qualifications of the physician. The whole was treated of in an exceedingly happy manner, and called forth from the assembled audience the most profound attention. We regret our inability at present to give an abstract of his remarks, but hope to do so on a future occasion.

Dr. KENDALL presented a resolution of thanks for the address, accompanied with a request for its publication. The Society then adjourned to meet at 9 A.M., on Thursday. The further entertainment of the evening was left to Surgeon-General Vanderpoel and Dr. Swinburne, who received the members in turn at their respective residences.

THURSDAY.—MORNING SESSION.

The Society was called to order by the President, E. H. PARKER, and the minutes were read and approved.

DR. JAS. V. KENDALL, as chairman of the committee on the introductory address of the President, made a report in a series of resolutions, complimentary to the Surgeons at Bull Run, and those who would not accept parole.

He also presented the following.

Whereas an inscrutable but all-wise Providence has seen fit since the adjournment of our last annual meeting to remove from our midst by death, one of our members, the late President of the Society, therefore,

Resolved, That in the decease of Dr. DANIEL T. JONES, the members of the Society are solemnly taught the scriptural lesson, that "man's breath is in his nostrils," that life, health, and all their concomitant blessings, are dependent upon the will of our Supreme Ruler; and that it becomes us to bow submissively to his will, and have our work done, and well done, like our deceased member, for our call when the Master shall come.

Resolved, That in the decease of our brother, this Society has lost one of its most earnest, efficient, and valuable members; his patrons one of the safest and most judicious of medical advisers; his family the best of husbands and fathers, and the community in which he lived, a generous, noble, upright, honest man; and that his virtues as member of different communities, but of the same medical society, it becomes us to imitate.

Resolved, That this Society extend an expression of their condolence to the widow and children of the deceased, and that a copy of these resolutions be sent them by the secretary of this Society.

OFFICERS FOR THE ENSUING YEAR.

The committee on nominations then made the following report, which was adopted: for *President*, Thomas Hun, of Albany; *Vice-President*, D. P. Bissell, of Utica; *Secretary*, S. D. Willard, of Albany; *Treasurer*, J. V. P. Quackenbush, of Albany; *Committee on Publications*, Thomas Hun, S. D. Willard, and Howard Townsend; for *Censors*, *Southern District*, W. Govan, Joel Foster, and E. Harris; *Eastern District*, B. P. Staats, J. W. Blatchford, and P. McNaughton; *Middle District*, J. S. Sprague, C. B. Coventry, and A. P. Doolittle; *Western District*, Alex. Thompson, H. W. Dean, and E. Hall.

DR. SHRADY, as chairman of the committee to report on the medical provision for railroads, offered the following for adoption:—

Whereas, This Society has heard that a measure is about being introduced into the Senate, of which an essential feature is thorough medical provision for railroads, and whereas we believe that much loss of life and limb results from want of such provision, therefore,

Resolved, That we hail with satisfaction the introduction of any plans calculated to secure so desirable an end.

Resolved, That a copy of the foregoing be forwarded to Senator Smith, of Kings county, the gentleman who had given notice to the Senate of the introduction of such a measure.

The following papers were next read. By Dr. BURGE, Kings co., "A new instrument for removing foreign bodies from trachea and esophagus;" Dr. BLV, Rochester, "On proper points for amputation."

DR. QUACKENBUSH, Albany, in behalf of Dr. Van Dyck, exhibited a specimen of monstrosity, and remarked upon a peculiarity which existed in its formation, viz. that the thoracic and abdominal viscera were external to the body. The cord was little over two inches in length. The monster was the product of an abortion in a young unmarried female.

DR. LEE, Peekskill, gave a description of a new field tourniquet, devised by Dr. Lambert.

DR. SWINBURNE exhibited a patient upon whom he had some time since performed the operation of exsection of the hip-joint.

The following resolutions were in turn offered and adopted.

DR. WHITE, N. Y.:—

Resolved, That the thanks of the State Medical Society be accorded to its secretary, Dr. S. D. Willard, for the laborious compilation he has made of the names of the medical men who have entered the Army from the State of New York, and that he be requested to continue the same.

DR. LEE, Peekskill:—

Resolved, That a committee of three be appointed to compare the code of ethics adopted by this Society in 1833, with that of the American Medical Association, and present the revised copy to the secretary at the next annual meeting.

Dr. Lee, Minor, and Townsend, were appointed.

DR. COATES:—

Whereas, It becomes us as dependent upon the All-wise Being for guidance in all our transactions, therefore

Resolved, That hereafter the proceedings of our annual meeting be inaugurated with prayer, and that the secretary be requested to invite the attendance of some clergyman to act as chaplain.

After the passage of a vote of thanks to Drs. S. Oakley, Vanderpoel, and J. Swinburne, the Society adjourned *sine die*.

American Medical Times.

SATURDAY, FEBRUARY 15, 1862.

RELATION OF THE SANITARY CONDITION OF NEW YORK TO THE COUNTRY.

THE country papers contain notices of the extensive prevalence of small-pox in different parts of this and adjoining States, as proved by the frequency of finger boards posted along the highways, blazoned with the horrifying capitals "SMALL-POX HERE," and a significant hand pointing to some unfortunate habitation. It is impossible to describe the panic with which the inhabitants of country towns are stricken when this loathsome disease attacks its first victim among them. We have seen families quarantined, streets closed, and even whole villages shut out from communication with the surrounding country, by notices posted on the roads announcing that there was a case of small-pox in the town. But a year or two since, an unfortunate citizen of a populous and very intelligent community in the interior of this State, contracted small-pox in his visit to the city. On the first rumor of the nature of his disease, the burghers held a meeting, and appointed a Board of Health, consisting of the four physicians of the place, whom they deputed to remove the sick man to a distant wood, and watch over him through his illness. The Board attempted to carry out their instructions, but no citizen would allow his horse and wagon to be used for such a purpose, lest he should contract this disease; for the same reason many objected to giving bed-clothes, though they were not to be returned; but one citizen, more public-spirited and fearless than his neighbors, volunteered to furnish straw, provided the members of the Board of Health would not come to his barn, but would take it where he should leave it at a distance, on the highway.

It may be safely stated, that every case of small-pox in a country town costs, in derangement of business simply, more money than is annually expended upon its *public school*. If we add to this pecuniary loss, the feverish excitement of popular apprehension, and the sufferings and probable death of the victim from want of proper nursing, we may but indifferently estimate the cost to the country of the general prevalence of small-pox.

But whence arises the small-pox of country towns? We should not be wide of the truth in nine cases in ten, if at the other extremity of the finger-board which indicates the locality of the disease, we should place another hand, pointing New York-ward, as the source from which emanated the dreaded pestilence. During the past summer the deaths from small-pox in this city rose to thirty per week. New York thus supplies the country, to an extent no one can determine, with the seeds of contagious, infectious, and epidemic diseases. Says a recent Providence (R. I.) paper: "*Nine-tenths of the small-pox in this city comes from New York*. There are now cases of *varioid* on Friendship street, Transit street, and on Smith's Hill, all within a few days, and all coming from New York." What is true of Providence is true of nearly every city and town in the country, where this disease prevails. In four adjacent counties in central New York, we have recently learned of the trans-

plantation of this disease direct from New York. But perhaps the most striking and melancholy illustration of the power of a great commercial centre to disseminate far and wide contagious diseases, is seen in the breaking out of small-pox in nearly every regiment of soldiers which passed through this city to the seat of war. Who can estimate the suffering and death that have resulted from this cause?

What conclusion is to be drawn from these facts? Manifestly this, that New York ought, for the safety of the country, as well as for its own welfare, to be placed under the most rigid sanitary government. It should have an intelligent Board of Health, whose jurisdiction should extend over New York, Kings, and Richmond counties, all of which lie contiguous, and embrace quarantine, and every possible source of disease; its executive officers in each ward and town should be medical men, whose duty should be to seek out and know every plague-spot in this area; it should have power to improve the homes of the poor; to remove nuisances; to keep the streets free from putrifying material; in a word, with power to place this entire district under thorough and constant sanitary inspection. Can any sane person doubt, that under such a health organization, the public health of this entire district would be greatly improved, and thereby the country be protected to a considerable extent, from communicable diseases? We believe not.

Impressed with these views the citizens of New York, Kings, and Richmond counties, are making strenuous efforts to obtain the passage of a Health Bill through the present Legislature, which shall enable them to improve the sanitary condition of this area, by removing the preventable diseases, and effectually controlling the epidemics and endemics which may arise therein. Under the present rule of ignorant and corrupt politicians, this city expends directly and indirectly nearly half a million of dollars for health purposes, not *one dollar* of which is intelligently applied to improve its sanitary state. Small-pox, scarlet fever, cholera infantum, and allied diseases, rage among the poor like consuming epidemics without one effort being properly put forth by our *one hundred and eighty-three* health officials. How can it be otherwise, when the officials, who are required to seek out infectious diseases in tenement houses, are taken from the following occupations! The present City-Inspector has deliberately selected as his health wardens men engaged as follows:—1 was a clerk, 1 a speculator, 1 an emigrant runner, 1 a barkeeper, 1 a policy dealer, 1 a plumber, 1 a stone-mason, 2 were bricklayers, 1 a ship carpenter, 2 were house carpenters, 1 a barber, 3 were rum-sellers, 1 a cartman, 1 a butcher, and 1, until his appointment as Health Warden, had no business occupation. To supplant this corrupt, expensive, and inefficient organization with a system of sanitary surveillance like that already sketched is the aim and effort of the leading citizens and physicians of the district above named. The bill known as the "Metropolitan Health Bill" has been matured by the wisest and best citizens, and is adopted as that which can alone remedy the evils under which we suffer.

Should the country, which we have shown reaps no small harvest annually from the noxious seeds disseminated from New York and Quarantine, remain an indifferent spectator to the fate of the "Metropolitan Health Bill" now before the Legislature? We aver not. It is the duty of every physician throughout the State at once to

circulate memorials in its behalf, and send them largely signed to their representative in the Senate or Assembly. We hope no one will neglect this duty for a single hour; the trouble will be slight, and the influence of such petition will be powerful, perhaps effectual. In addition to this, we trust medical men will correspond with their respective representatives in either House, and urge them to support this great public measure. But should this effort be limited even to our own State? Have not Boston, Providence, New Haven, and other cities, a personal interest in this reform in our Health Department? Their annual statistics of mortality show what should be their interest, if they consult only their own immunity from preventable diseases. Will they not represent to the Legislature of the State of New York the actual interest they have in the health of New York? They will thereby serve as well the cause of humanity as the interests of their own communities.

THE WEEK.

THE Medical Society of the State of New York is becoming more and more important to the profession of the State. The last session was one of unusual interest, in the character of the discussions which came before it. Meeting during the session of the Legislature, and being recognised as a body deriving its special protection from that body, it has a most salutary influence upon legislation. We are glad to see that the Society gave its sanction to the Metropolitan Health Bill, and other matters of a medical character before the Legislature. We can only regret that it reposed such confidence in our General Government, as to believe it impossible for it to legalize Homœopathy in the army. Those who are most familiar with the medical bias of prominent members of Government, entertain fears that irreparable mischief may yet be done to the Medical Staff. Even if there were no danger of such innovation, ought not the medical profession to manifest its interest in that staff, by protesting against any change? The moral effect would have been most salutary. The Medical Society of this State should have entered its solemn protest against the recognition of any system of medicine by Government, and have made its emphatic voice heard at Washington. Let not other societies follow this timorous policy.

THE *Australian Medical Journal*, published at Melbourne, contains some facts of interest relating to the medical profession in that far-off country. This Journal is conducted by the Medical Society of Victoria, and compares favorably with our best quarterlies, both in contents and typography. The original department contains papers on practical subjects, drawn up with great ability. From an article on epidemics, we learn that diarrhoea and dysentery have scarcely proved fatal in a single case during the year in a district containing 125,000 inhabitants, but diphtheria and scarlet fever have been very prevalent. Nearly all the coroners are medical men. The University of Melbourne is about to establish a Medical School. An Act to provide for the registration of legally qualified Medical Practitioners has just been defeated in the Colonial Legislature. A case of trial for alleged malpractice in midwifery is reported. The statistics of the Melbourne Lying-in Asylum for four years are given with the following results:—Total labors, 772. Chloroform in 35 cases. Forceps in 30; 29 recovered, 1 died; children, born alive, 25,

dead, 5. Turning in 3 cases; 2 recovered, 1 died; children, born alive, 0, dead, 3. Footlings, 15; mothers recovered, 15; children, born alive, 10, dead, 5. Breech cases, 9; mothers all recovered; living children, 4, dead, 5. Total births, 785; still births, 57.

In an interesting address, delivered at the opening of the New Clinical Lecture Room of the Philadelphia Hospital, Dr. J. L. LUDLOW, one of the Medical Board, gave a sketch of Clinical Medicine. The first Clinical Lecture in this country, according to Dr. LUDLOW, was given by Dr. THOMAS BOND, in the Pennsylvania Hospital, Dec. 3, 1760, now about a century since. The following extract from the lecture is worthy of record:—

"Speaking of Dr. Morgan, the Professor of the Theory and Practice in the University, he remarks:—'The field this gentleman undertakes is very extensive, and has many difficulties, which may mislead the footsteps of an uncautioned traveller. Therefore, lectures in which the different parts of the theory and practice of physic are judiciously classed and systematically explained, will prevent many perplexities the student would otherwise be embarrassed with, will unfold the doors of knowledge, and will be of great use in directing and abridging his future studies. Yet there is something further wanting: he must join *examples with study*, before he can be sufficiently qualified to prescribe for the sick, for *language and books alone can never* give him adequate ideas of diseases, and the best method of treating them; for which *reasons Infirmarys are justly reputed the grand theatres of medical knowledge*. There the *Clinical Professor comes to the aid of speculation*, and demonstrates the *truth of theory by facts*, etc., etc.' Further on again he says: 'I am now to inform you, gentlemen, that the managers and physicians of the Pennsylvania Hospital, on seeing the great number of you attending the School of Physic in this city, are of opinion that this excellent institution affords a favorable opportunity of further improvement to you in the practical part of your profession; and being desirous it should answer all the good purposes intended by the generous contributors to it, have allotted to me the task of giving a course of clinical and meteorological lectures in it, which I cheerfully undertake.'"

Correspondence.

REPORT OF THE ANNUAL MEETING OF THE NEW JERSEY STATE MEDICAL SOCIETY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

Sir:—The Annual Meeting of the Medical Society of the State of New Jersey was held at New Brunswick on Tuesday and Wednesday, the 28th and 29th of January last. For many years it has been the custom to meet at Trenton, the capital of the state, but it was thought that a change to several of the larger cities in turn would increase the general interest in the Society. It is very appropriate that the city of New Brunswick should receive our first visit. The following pleasant historical fact appears far back on our records:—"A Society was founded and organized under the name of the Medical Society of New Jersey, at New Brunswick, on July 23d, 1766, by the voluntary association of fourteen physicians and surgeons. The Society held its meetings regularly until 1775, when, on account of the distracted state of the country caused by the revolutionary contest, its meetings were suspended until 1782. In 1790 a Vice-President was added to the officers, and in 1807 a Corresponding Secretary. In 1816 the Society was incorporated under the name and style of the Medical Society of New Jersey." From year to year these meetings have been maintained, and have afforded occasions of professional

profit and pleasant reunion to the physicians of our state. There are some who neglect its privileges, and do not realize the importance of such an organization in promoting the general welfare and progress of our calling, but of late there seems to have been a revival of interest in its proceedings and deliberations. The present was its ninety-sixth anniversary, so that we are approaching quite nearly the first centennial of any State Medical Society in America.

The annual meeting was opened with prayer by the Rev. Dr. STUBBS, of New Brunswick. The names of the Fellows and Delegates present having been duly enrolled, several matters of executive business were transacted. The Rev. Dr. STUBBS, of New Brunswick, and Prof. Cook, of Rutgers College, were invited to sit with us during our sessions.

The annual opening address was delivered by the President, Dr. J. BLANE, of Hunterden co. After a cursory notice of the history and present status of the Society, he drew attention to the valuable efforts of the American Medical Association, and to the importance of elevating the standard of elementary as well as professional education.

"The power of associations," said he, "is a myth, unless sustained by individual exertion, and it is only by the personal ardor, learning, and experience, of individual practitioners, that the science of medicine can be truly elevated." Dr. Blane has occupied many positions of trust, and is now a State Senator, but claimed his present position as the great honor of his life. He is one of the few whose interest in his profession has not been diminished by honors in another direction.

The report of the standing committee, through its chairman, Dr. WICKES, was of unusual interest. The various facts relating to the profession and practice in the state were most ably collated, and the report, when published, will be valued as a permanent medical document. During the last year we have to mourn the loss from our ranks of Dr. AKERS, of Newark, from diphtheria, apparently contracted while in the discharge of professional duty; of Dr. EVANS, a prominent medical citizen of Monmouth co.; and of SURGEON WELLER, of the Ninth New Jersey regiment. The report noticed variola, scarlatina, diphtheria, and to a partial extent gangrenous erysipelas, as epidemic in our state during the past year. A condensed history of miasmas, as made manifest in the different counties for years past, was also presented, and many most interesting facts elicited. Among new remedies, Squibb's preparation of opium was warmly commended to the profession in place of McMunn's elixir or any secret nostrum of the kind.

Dr. E. M. HUNT, as chairman of the committee on the relations of chemistry to nervous disease, made a report which was ordered to be printed among the transactions. Two or three other reports of committees, and the regular essay, were omitted on account of the absence of some of the persons appointed in duty upon the army medical staff, and from other unavoidable causes.

Delegates were appointed to the American Medical Association, and to the Quarantine and Sanitary Convention, as also corresponding delegates to the State Societies of New York, Pennsylvania, Connecticut, and Massachusetts.

The following were elected officers of the Society for the ensuing year:—

President, Dr. J. WOOLVERTON.

1st Vice President, Dr. VARICK.

2d " " Dr. E. M. HUNT.

3d " " Dr. A. COLES.

Corresponding Secretary, Dr. T. J. CORSON.

Recording Secretary, Dr. WM. PIERSON.

Treasurer, Dr. J. T. ENGLISH.

Standing Committee, Dr. STEPHEN WICKES, Chairman.

The meeting was more numerous attended, both by fellows and delegates, than it had been for many years previous, and it was a most delightful reunion of the profession in our state. The greatest harmony of feeling prevailed, and all seemed desirous of doing all in their power to maintain and exalt the honor of our noble science and effective

art. On the evening of the second day the Society adjourned, to meet on the fourth Tuesday of January, 1863, in Jersey City.

The printed transactions will be sent you in due time, and from these you will be able to select some valuable medical facts and illustrations.

Yours, etc.,

H.

NEW BRUNSWICK, Jan. 31st, 1862.

EXCISION OF THE OS CALCIS AND CUBOID BONES.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—We are glad, for several reasons, to read under the above caption in the AMERICAN MEDICAL TIMES of January 18th, an account, by Brigade Surgeon Bradford, of the successful excision of the above bones for disease. There have been few subjects in modern surgery that have excited more warmth of discussion than the relative merits of the operations of amputation and excision, and their respective advocates have shown so much party feeling in the consideration of the subject, that it is to be feared joints have been occasionally sacrificed where simpler means would have effected a cure. In its application to inappropriate cases the useful operation of excision has lost repute, and we are, therefore, gratified to see a renewed instance of its apparently judicious and successful employment. We are also pleased to see the writer infused with an enthusiastic appreciation of the merits of *conservative* surgery, and that in spite of so unpropitious a designation for a modern improvement, he really esteems it to be what it is—where intelligently employed—a most fortunate and valuable step in the progress of our art. Excision, whether having for its object the removal of the articular ends of bones, a portion of the shaft, or the whole of smaller bones, has the advantage over amputation, that it preserves the rest of the limb, or the adjacent structures, to the use of the patient; but it should not be employed where the resulting usefulness of the limb or the demands upon the constitutional powers, as is often the case, are questions of seriously doubtful issue. There are several excisions hitherto, and at present, practised, that will never become general, and that do not confer the advantages that their advocates claim. There are many cases, disease of the ankle-joint for example, where the operation cannot supersede that of amputation, and be employed as a satisfactory substitute. The removal of the foot by either Syme's, Pirogoff's, Roux's, or Baudens's operation, gives a resulting stump far more comfortable and satisfactory to the patient, with artificial appliances, or even for unaided progression, than can be the shortened limb and ankylosed joint, which are the result of the operation by excision. In disease of the tarsal joints, however, depending upon diseased bone, the removal by excision of the affected bones, or portions of them, is recommended by high authority to be carried out whenever practicable. Fortunately, disease in this locality, especially in young persons, under appropriate constitutional treatment and rest, "manifests," says Dr. Hodges, in his recent excellent monograph upon the excision of joints, "a strong disposition to recovery without operation." As excisions of joints have been comparatively little performed in this country, the surgical literature of the United States is meagre upon the subject of tarsal excisions. There is, however, in vol. ii., *Records Boston Soc. for Med. Imp.*, a report of an operation performed by Dr. H. J. Bigelow of Boston, in 1855, in which that distinguished surgeon removed the whole tarsus, excepting the os calcis and astragalus, together with the tarsal heads of the second and third metatarsal bones. This operation was soon after imitated successfully by Mr. Skey of London. In the cases appended by Stratham to his edition of Stromeyer, we notice two analogous cases performed by him in 1852 and 1855. In another case cited by Stratham in vol. xxxvii., *Med. Chir. Transactions*, the cuboid and external cuneiform bones were removed, at a first operation; at a second, the scaphoid and the remaining cuneiform; and at a third,

the astragalus was scraped, and the tarsal ends of the second and third metatarsal bones were removed. Four years afterwards the patient had a foot in which "the natural appearance was little altered!" The case just reported by Dr. Bradford, in which the entire os calcis, the cuboid bone, and a portion of the astragalus were removed for carious disease, the patient three and a half years afterwards "showing a slight catch and halt in his gait which it is not easy to observe," is one of the most remarkable cases of the kind on record, and furnishes renewed illustration of the wonderful reparative powers with which the human system is endowed. W.

WASHINGTON, D. C., January 20, 1862.

FIFTY-FIFTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

[To the Editor of the AMERICAN MEDICAL TIMES.]

My predictions as to the busy time which the Society would have on Wednesday were verified. Papers were read during the morning session by Drs. Marsh, Hutchison, Downs, and Arnold. Each was interesting in itself, but I think the last, which treated of railroad provision for the wounded, is deserving of little more than a passing notice. Dr. Arnold has been for a long time turning over in his mind the benefits that would result to the travelling public by the adoption of some reliable plan of action, and has finally brought the results of his investigations before the Society in the form of an elaborate and well-timed paper. His suggestions are simple, efficient, and eminently practical, and they cannot fail to carry conviction to the mind of every one interested in the preservation of life and limb on the national thoroughfares. The whole matter is now being brought up in the Legislature, where it is to be hoped that it will receive the grave consideration which it deserves.

Dr. Mason offered a resolution endorsing the Metropolitan Health Bill. Dr. Griscom explained in a very satisfactory manner the objects of such a bill, and did not fail to convince the majority concerning the necessity of its becoming a law. The bill is now before the House, in the hands of the House committee, but whether they will report favorably upon it your correspondent is not informed. The afternoon was for the most part occupied by Dr. Swinburne, who gave at great length his views concerning the famous Budge case. The large hall was filled with members, who gave their close attention to the subject from beginning to end. Diagrams were exhibited upon the wall, illustrating the various positions which the assassin was supposed to have assumed. Dr. Swinburne's theory concerning the case was that the woman was suffocated first and her throat cut afterwards. A great many strong points were stated in support of this position, but it is certainly unfortunate for the purposes of science that so few authorities were mentioned. How different in this respect from the manner in which Dr. Clark treats the same subject. Dr. S. has shown himself a hard worker, but he is altogether of too enthusiastic a nature to be impartial on any subject; every point must seemingly serve his end else he does not call it into his service. At the conclusion of the paper letters were read from several distinguished medical jurists who express unqualified opinions in support of Dr. S.'s theory. These gentlemen, however, have only received Dr. S.'s version, and under such circumstances there is almost always an involuntary and irresistible endeavor for the interested party to make certain points stronger than they should be. It is not my purpose to give any opinion *pro* or *con* in the Budge case; the arguments of Dr. Clark and Dr. Swinburne are both given to the medical public, and before the impartial jury of their peers the opinions of both will receive that consideration which they merit.

I have many more things to talk about in connexion with the meeting, but shall be compelled to defer them until your next.

Yours, etc.,

ALBANY, Feb. 10, 1862.

RECTUS.

Medical News.

TRANSLATION OF AMERICAN MEDICAL WORKS.—We noticed some time since the translation of PROF. BEDFORD'S work on the Diseases of Women into the French language; we now learn that a translation of this work into German is in progress at Vienna. PROF. GROSS'S System of Surgery is also being translated into the Dutch language.

INVESTIGATIONS ON HYDROPHOBIA IN DIFFERENT PARTS OF EUROPE, ESPECIALLY IN UPPER ITALY. By M. BOUDIN.—The geographical study of rabies furnishes powerful arguments against the spontaneous origin of the disease. In 1856, there were 75,446 dogs in the Department of the Seine; and, in 1857, the number had only fallen to 64,408. In France, there are two cases of rabies out of every million of inhabitants. At the veterinary school of Alfort, 42 rabid dogs were received in 1856; only 12 in 1857; and as much as 56 in 1853. Out of 239 cases of rabies recorded in France, there were 157 men and 64 women. Out of 228 persons bitten in France, 188 were bitten by dogs, 26 by wolves, 13 by cats, and 1 by a fox.

Respecting the seasons of the year, it has been found, by returns lately published in France, that out of 181 cases of rabies in human beings, 40 were recorded in December, January, and February; 44 in March, April, and May; 66 in June, July, and August; and 31 in September, October, and November. Out of 147 cases of rabies noted in France, the period of incubation was, in 26 cases, less than 1 month; in 93 cases, from 1 to 3 months; in 19 cases, from 3 to 6 months; and, in 9 cases, from 6 to 12 months. Out of 161 cases observed in France, the duration of confirmed rabies was not more than 2 days in 34 cases; 4 days in 98 cases; 6 days in 24 cases; 7 days in 2 cases; 8 days in 1 case; and 9 days in 1 case. In England and Wales, the deaths from rabies were 25 in 1851, 15 in 1852, 11 in 1853, 16 in 1854, 14 in 1855, 5 in 1856, 3 in 1857, and 2 in 1858. In Prussia, the deaths from the same cause were 20 in 1844, 15 in 1845, and 28 in 1846. In the Austrian Empire, the deaths from rabies were 589 from 1830 to 1838; and 449 from 1839 to 1847. In Bavaria, there were 39 from 1844 to 1850. In 1851, the disease reigned epidemically in the north of Germany; at that period no less than 267 cases of rabies were observed in dogs at Hamburg and its vicinity. From 1829 to 1854, 35 patients suffering from rabies were received into the Great Hospital at Milan (19 males and 16 females). In 1832, '33, '36, '39, '47, and '50, no cases of rabies were received in that hospital; but 5 were admitted in 1849, 4 in 1838, 4 in 1854, 3 in 1851, and 2 in 1830, '35, '37, and '48. In the other years, only 1 case was admitted. Out of these 35 patients, 17 were less than 15 years old—an enormous proportion, which is probably the result of the habit of children to play with animals. In none of these 35 patients did the symptoms appear before the 15th day, and with one of them the incubation was from 170 to 175 days. With none of these patients did death occur before the 25th hour after the appearance of the first symptoms. The author himself, however, saw a case of rabies at the hospital of Versailles, in 1846, where the patient died two hours after the disease had appeared. From other figures mentioned by the author, it is proved that neither the muzzling of dogs nor the cold season of the year supplies a safeguard against the rabid bites of these animals.—*Lancet*.

SPONTANEOUS FRACTURE OF A RIB.—Dr. Castella, of Fribourg, describes a case of fracture of the second false rib on the left side, produced by the act of sneezing. Ulrich B., keeper of a cabaret, a strong and hearty man, one day took a pinch of snuff from one of his customers, and was thereupon seized with a violent fit of sneezing. To arrest the sneezing, he closed his mouth, and strongly dilated his chest; but, spite of this, a violent act of expiration followed, and crack went the rib.—*Brit. Med. Jour.*

COURSE IN MILITARY SCIENCE AT THE RENSSLAER POLYTECHNIC INSTITUTE.—The Trustees of the Institute believing that a Course in Military Science can be given at this Institution, which will be highly useful both to those young gentlemen preparing for the civil professions, as well as to those desiring to qualify themselves for military service, announce their intention to establish such a Department at the opening of the next session of the Institute, September 18, 1862, provided that a sufficient number of applicants be admitted to effect a favorable organization. The Course of Instruction, which will be systematic, practical, and very thorough, will be arranged both in a Post Graduate Course of one year, and also in a Supplementary Course to the present one in Civil Engineering. It will be necessary for admission to the former course, that the student be either a graduate of college, of the Institute, or of some other scientific school of similar standing; and to the latter course, given in connexion with Civil Engineering, that he be a student in that department, taking a full or partial course, in which case both courses may be accomplished, by a little extra effort, in the usual period of three years. The course of study and practice, which will be placed under the charge of a competent graduate of the United States Military Academy, will be as fully illustrated as possible, and embrace the following subjects:—1. Use of Small Arms; 2. Tactics of Artillery and Infantry; 3. Theory of Ordnance and Gunnery; 4. Military Engineering and Science of War.

OBSTETRIC SECTION.—At the last meeting of the Obstetric Section, held Jan. 20, 1862, Dr. S. D. HUBBARD was elected President, and Dr. MORTIMER G. PORTER Secretary.

RAILWAY ACCIDENTS.—The information possessed as to the extent and character of accidents occurring on railways is very precise, while other means are available for comparing them with accidents from other modes of travelling. The passenger trains of the United Kingdom travelled over nearly 50,000,000 of miles in 1859. In 1860, the distance had increased to 52,816,579 miles. The number of railway accidents in four years was as follows:—

Year.	Accidents.	Killed.	Injured.
1857	62	26	657
1858	56	35	467
1859	56	13	386
1860	68	37	515

Of persons killed by railway accidents in the United Kingdom, the proportion to the whole number of travellers was, in 1854, 1 in 7,195,342. In 1860, it was 1 in 5,677,000. In France it was 1 in 7,000,000. In Belgium, 1 in 8,860,000. In Prussia, 1 in 17,500,000 of all travellers. The proportions of persons killed whilst travelling by diligences in France was 1 in 335,000—about equal to the proportions of both killed and injured on English and French railways. On the railways of the United States these amount, however, to 1 in 188,000; but there the cost incurred in constructing the lines is two-thirds less than on European railways.—*Lancet*.

MEDICAL FEES IN PARIS.—In the matter of obstetrics, the fee for each accouchement varies from 25 francs (which is, perhaps, the lowest paid to the *man* midwife) up to 600 francs or £24, which is, with few exceptions, the highest claimed in any ordinary case. Surgical operations constitute the branch of practice in which the greatest latitude is allowed. I happen to know of two cases, one that of a common boil on the lower lip, and the other that of a fistula in ano, in which the ordinary operations were performed, and for which, in the first instance, 1000 francs (£40), and in the second, 5000 francs (£200), were claimed, both sums being paid without demur or expostulation on the part of the patients or their friends. Amongst the English practitioners (now about fourteen in number) established in this capital, a standard somewhat higher than the French average prevails. The consultation-fee is 40 francs; that for a single and casual visit, 20 francs; and during a prolonged attendance, 10 francs.—*Lancet*.

PUBLICATIONS RECEIVED.

Clinical Lectures on the Diseases of Women and Children. By Gunning S. Bedford, A.M., M.D. Seventh edition, carefully revised. New York, 1862.

Border Lines of Knowledge in some Provinces of Medical Science. An Introductory Lecture, by Oliver Wendell Holmes, M.D. Boston, 1862.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 3d day of February to the 10th day of February, 1862.

Deaths.—Men, 87; women, 76; boys, 123; girls, 186—total, 472. Adults, 163; children, 259; males, 218; females, 212; colored, 5. Infants under two years of age, 163. Children reported of native parents, 18; foreign, 195.

Among the causes of death we notice:—Apoplexy, 5; Infantile convulsions, 40; croup, 17; diphtheria, 9; scarlet fever, 23; typhus and typhoid fevers, 10; cholera infantum, 0; cholera morbus, 0; consumption, 67; small-pox, 10; dropsy of head, 16; infantile-morbus, 22; diarrhoea and dysentery, 4; inflammation of brain, 15; of bowels, 9; of lungs, 36; bronchitis, 5; congestion of brain, 6; of lungs, 8; erysipelas, 2; whooping cough, 4; measles, 2. 251 deaths occurred from acute disease, and 26 from violent causes. 812 were native, and 110 foreign; of whom 76 came from Ireland; 7 died in the Immigrant Institution, and 63 in the City Charities; of whom 15 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Feb. 1862	Barometer.		Temperature.			Difference of dry and wet bulb, Thirn.		Wind.	Mean amount of cloud.	Humidity Sat'n, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
2d.	30.81	.21	28	22	32	5	7	N.W.	0	631
3d.	30.80	.24	22	18	26	2	8	N.	8	844
4th.	30.21	.17	26	20	32	8	4	N.	8	777
5th.	30.80	.14	24	20	30	6	9	W.	0	661
6th.	30.00	.29	36	30	45	8	4	S.	7	792
7th.	29.93	.31	37	31	45	6	9	W.	7	704
8th.	29.99	.10	33	25	38	4	6	W.	3	799

REMARKS.—2d, Wind fresh A.M. 3d, Variable A.M., snow P.M. 4th, Hazy at sunrise, light snow P.M. 5th, Very fine day. 6th, Wind changed A.M. to S.E., light rain P.M., clearing late at night. 8th, light snow evening. Rain and melted snow for the week, seven-tenths of an inch on a level.

MEDICAL DIARY OF THE WEEK.

Monday, Feb. 17.	New York Hospital, Dr. Halsted, half-past 1 P.M.
	BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M.
Tuesday, Feb. 18.	EYE INFIRMARY, 12 M.
	SECTION THEORY AND PRACTICE MEDICINE, 8 P.M.
Wednesday, Feb. 19.	OBSTETRIC SECTION, 8 P.M.
	New York Hospital, Dr. Parker, half-past 1 P.M.
Thursday, Feb. 20.	BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M.
	OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, Feb. 21.	New York Hospital, Dr. Cock, half-past 1 P.M.
	BELLEVUE HOSPITAL, Dr. Sayre, 1a. Hoa, half-past 1 P.M.
Saturday, Feb. 22.	EYE INFIRMARY, 12 M.
	ACADEMY MEDICINE, half-past seven.
	New York Hospital, Dr. Halsted, half-past 1 P.M.
	BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M.
	OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
	New York Hospital, Dr. Parker, half-past 1 P.M.
	BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M.
	EYE INFIRMARY, 12 M. Dr. Noyes's Lecture, half-past 1 P.M.
	New York Hospital, Dr. Cock, half-past 1 P.M.
	BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M.
	OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

NEW YORK ACADEMY OF MEDICINE.—On Wednesday Evening, February 19th, DR. MOSES H. RANNEY will read a paper on "Epilepsy, a Brief Disquisition on its Nature and Treatment, designed as a plea for a more careful investigation of all its Phenomena."

THE OBSTETRIC SECTION will meet at the residence of the Chairman elect, DR. S. D. HUBBARD, No. 47 Ninth st., on Monday, Feb. 17, at 8 P.M.

SECTION OF THEORY AND PRACTICE OF MEDICINE.—The Stated Monthly Meeting of the Section of Theory and Practice of the New York Academy of Medicine, will be held at the house of the Chairman, DR. J. BOLTON, No. 18 East Fourteenth st., on Monday next, 17th inst., at 8 o'clock P.M. Subject for discussion, "Diabetes." A full attendance desirable.

To Physicians.—Timolat's Old Established SULPHUR AND VAPOR BATHS. Introduced in 1890 by L. J. TIMOLAT, from Paris, at No. 1 Carroll Place, Bleeker street, corner of Laurens street, New York. Given daily by A. L. TIMOLAT & CO.

Rensselaer Polytechnic Institute, Troy, N. Y.—The seventy-sixth semi-annual session of this Institution for instruction in the Mathematical, Physical, and Natural Sciences, will commence Feb. 19th, 1862. A full course in Military Science is now in progress. Further information, with the Annual Register, can be obtained of PROF. CHARLES DROWNE, Director.

Sent Free by Mail on Receipt of Price.

A Practical Treatise on Military Surgery. By FRANK HASTINGS HAMILTON, M.D., author of a Treatise on Fractures and Dislocations, Surgeon-in-Chief to the Long Island College Hospital, Surgeon to the Bellevue Hospital, New York. Professor of Military Surgery and of Diseases and Accidents incident to Bones, in the Bellevue Hospital College. 8vo. Price, \$2 00. This work embraces a consideration of the Examination of Recruits, the Hygiene of Troops, relating to Diet, Dress, Exercise, &c.; Accommodation of Troops in Tents, Huts, Barracks, &c.; the Construction and Location of Hospitals; Preparations for the Field; Flying Ambulances, Litters, &c., also, Gunshot Wounds, Amputations, Hospital Gangrene, Scurvy, &c. United States Army Regulations, with many other matters pertaining to Military Surgery. BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

On Diphtheria. By Edward Headlam GREENHOW. 1861. Pp. 160. Price, \$1.25. Our readers will find a very large amount of information in the twelve chapters of which the volume is made up. Perhaps, in the present state of our knowledge on the subject of this obscurely understood disease, little more can be said beyond what may here be found written down.—*London Medical Times and Gazette*. We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal*.

BAILLIÈRE BROTHERS, 440 Broadway.

Sent Free by Mail on Receipt of Price.

Text-Book on General Physiology FOR THE USE OF SCHOOLS. A KNOWLEDGE OF LIVING THINGS WITH THE LAWS OF THEIR EXISTENCE. By A. N. BELL, A.M., M.D. One handsome volume of 818 pages, 12mo., illustrated by sixty wood engravings and two colored plates. PRICE ONE DOLLAR. N.B.—The work was originally published at \$1.50. It is reduced in price so that it may compete more favorably with other Text-Books. BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Ten Lectures Introductory to the Study of Fever, by A. Anderson, M.D. Post 8vo. London, 1861. \$1.50. BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Essays and Observations on Natural History, ANATOMY, PHYSIOLOGY, PSYCHOLOGY, AND GEOLOGY, by John Hunter, F.R.S.; being his Posthumous Papers on those subjects, arranged and revised, with notes: to which are added the Introductory Lectures on the Huxleyan Collection of Fossil Remains, delivered in the Theatre of the Royal College of Surgeons. By Richard Owen, F.R.S., D.C.L. 3 vols. 8vo. London, 1861. Price, \$10.00. BAILLIÈRE BROTHERS, 440 Broadway.

Sent Free by Mail on Receipt of Price.

Traite d'Anatomie Pathologique Generale. Tome 4 in 8vo. Paris, 1861. \$2.85. BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

A Manual of Etherization: Containing Directions for the employment of Ether, Chloroform, and other Anæsthetic Agents by Inhalation in Surgical Operations, intended for Military and Naval Surgeons, and all who may be exposed to surgical operations; with Instructions for the Preparation of Ether and Chloroform, and for testing them for impurities; comprising also a brief history of the Discovery of Anæsthesia. By CHAS. T. JACKSON, M.D., F.G.S.F. 12mo. Boston, 1861. 75 cents. BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

A Book about Doctors, by J. Cordy Jefferson. 2 vols. 8vo. London, 1861. \$6.50. BAILLIÈRE BROTHERS, 440 Broadway N. Y.

Dr. Charles F. Taylor's Treatment,

BY LOCALIZED MOVEMENTS, OF SPINAL CURVATURES AND PARALYSIS, (AND AS AN AUXILIARY TREATMENT) OF MOST CHRONIC DISEASES, EMBRACES THE FOLLOWING PRINCIPLES:—

1. LATERAL CURVATURE OF THE SPINE



Sample movement for lateral curvature to the right—expanding contracted (left) side, unbending spine, and pressure on projecting (right) shoulder.

Is caused by *unequal action* of the spinal muscles, generally (but not always) accompanied by muscular weakness. Sound sense and experience prove that supporters, by preventing muscular action, increase the weakness and aggravate the disorder; while gymnastics, acting on all muscles alike, can, at most, only benefit the general health, but cannot correct relative disproportions of muscular strength. A cure would consist in such *regulated* action of the muscles as, in accordance with the anatomy of the body and peculiarity of the deformity, would expand the contracted muscles on the shrunk side, and contract the expanded muscles on the projecting side, and, by introducing a series of muscular actions *opposite* that which produced the deformity, would thus reestablish a uniform and harmonious action of antagonist muscles, when the deformity would disappear. (See cuts.)

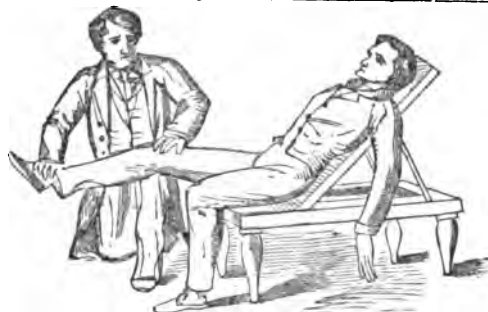


Sample movement for lateral curvature to the right—contracting the expanded (right) side, unbending spine, and pressure on projecting (right) shoulder.

2. PARALYSIS

Is produced by a suspension of the nervous stimulus to the muscles by some cause affecting the nervous centres. The shock may have passed off, or the clot in the brain may have become absorbed, and the paralysis may still, wholly or in part, remain, because it requires a special effort to re-establish the connexion of brain and muscles. In ordinary exercise, the unaffected muscles perform the most of the action, while the paralyzed ones perform the least.

This process should be reversed, and the paralyzed muscles made to act while the unaffected parts are at rest. The nerves must be re-educated to perform their functions, by sustained, gentle, well-directed, and repeated efforts of the will on the affected muscles, till the latent power is developed to be an efficient one.



Sample movement for paralysis,—concentrating the will on the extensors of the leg, while the rest of the body is at rest.

3. ANGULAR CURVATURE OF THE SPINE

(Pott's disease) consists of actual disease of the bodies of the vertebrae, with loss of substance at the point of disease. The weakened *spine* needs support, but the *muscles* should not be confined.



"Spinal assistant" for angular curvature (Pott's disease), provided with hinges (A, B, C, D, E, F, G, H), which allow the spinal muscles to act.

An original instrument (see cut) is used, so constructed with several hinges which bend backward but not forward, that while the spine is supported and the diseased surfaces relieved from pressure, the muscles of the back are encouraged to act (instead of being prevented, as in all other instruments), and thus the muscles themselves are made the efficient part of the instrument acting over the curvature to reduce it. There is no confinement; it is very adjustable; the pressure is increased and diminished at pleasure, and it is worn with the greatest comfort. The importance of thus developing the spinal muscle, contiguous to the diseased point, cannot be overestimated, as results show.

Instruments for many other affections, such as morbus coxarius, contracted muscles, &c., are contrived on the same principle of providing for motion and the use of the muscles at the same time.

4. THE TREATMENT

(which is based on the Swedish system of Ling), is purely scientific and physiological, and though it is not claimed to be applicable to every case, in many it is very clearly indicated; as, in dyspepsia and constipation, by acting on the stomach and bowels, to give tone to the digestive organs; in consumption, by expanding the chest, distributing the circulation, and increasing the aerating process; in diseases incident to women, by giving general vigor to the muscles, especially of the back, hips, and abdomen, relieving the downward tendency of the organs, and increasing the periphatic circulation, to relieve uterine and other internal congestions.

AND IN ALL CASES the treatment is done, not by the patient's unaided efforts, but by trained assistants, nicely adapting each movement to the strength and needs of each patient, precisely as prescribed by the physician to secure the desired local or general results. There is nothing like "rubbing," "gymnastics," or calisthenics about it, patients are never fatigued, but from the first are very fond of it.

The co-operation of the family physician, as is mostly the case in this city, is always desired when practicable. Cases likely to be benefited are solicited through the profession.

CHARLES F. TAYLOR, M.D.,
28 COOPER INSTITUTE, NEW YORK.

References:

DR. J. M. CARNOCHAN,	DR. J. MARION SIMS,
" GEO. T. ELLIOTT,	" B. F. BARKER,
" HENRY G. COX,	" E. R. PEASLEE,
" L. A. SAYRE,	" WM. H. VAN BUREN,

Dr. E. A. HOSACK, and the profession generally in New York.

Original Lectures.

LECTURES ON NEW REMEDIES AND THEIR THERAPEU- TICAL APPLICATIONS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.

By SAMUEL R. PERCY, M.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE IV.

IODINE AND ITS COMPOUNDS.

This is one of the most important medicinal agents that I shall have occasion to bring before you. In the limited time remaining to me, I hardly know how to do justice to my subject; it is necessary for me to be brief, and yet in being so I fear I may leave untold much that ought to be said. M. Courtois discovered iodine in experimenting upon the mother liquors of kelp, in 1812. His discovery has been one of the most valuable of the present century, for, although it has not been in general use for more than a single generation, it has conferred inestimable benefits upon millions of suffering persons, and has enabled us to control and relieve diseases that were before beyond our power of cure. Medicine has in this agent given to the arts one of its richest and most brilliant treasures; for by its means Nature's own image is depicted in indelible forms, and the loved features of our absent or dearest lost ones remain present before our eyes, as well as present in our deepest memories. Medicine here gave to the arts a substance without which Daguerre would have been unable to fix the beautiful images painted by the delicate pencil of the sun-beam; and medicine may justly be proud of the wonderful advances of science, for in this as in many other discoveries, she has been their prime cause and most efficient promoter.

Iodine is extracted from the mother liquors of the kelp, which is prepared by drying and incinerating the deep sea plants. It is found that the sea weeds that grow above low water mark are less rich in iodine than those which grow in the deeper parts of the ocean. They also contain a larger proportion of soda, and a less amount of potash, than the deep sea plants. The plant upon the shores of Europe which contains the largest amount of iodine is said to be the *palmata digitata*, or tangle, and this is found in the greatest abundance upon the coast of Scotland and Ireland. These plants are collected, dried, and burned in rude kilns, and the ash, which is fused into solid masses, is called *kelp*. This kelp is dissolved in water, concentrated by heat, and at a certain density the salts of potash crystallize from it; the soda salts, being more soluble, require further concentration, when they also crystallize from the solution.

After nearly all the potash and soda salts have been removed, there remain in the mother liquor impure iodides and iodates of soda and potash, which are decomposed by adding sulphuric acid to neutralization. The liquid is then thrown into a still for sublimation, heat applied, oxide of manganese added, and all the lutings carefully closed; the sublimation is conducted slowly, and the iodine, in an impure form, is found in the receivers. The yield will average about ten pounds of iodine for every ton of kelp employed, though when the kelp is prepared with care, twenty pounds of iodine are sometimes obtained from a ton. The yearly value of this kelp prepared in Scotland, Ireland, and France, is estimated at about \$470,000, and of this amount \$300,000 is the value of the iodine. The quantity of iodine obtained is about 100,000 pounds a year. This, on account of its impurity, is carefully resublimed. Iodine is found in other substances besides the sea weeds; before the discovery of iodine, burnt sponge was used for some of the purposes for which iodine is now employed.

AM. MED. TIMES, VOL. IV., No. 8.

It exists in minute quantities in sea water, and owing to this fact, it is found in the oil and fat of all animals and fish living in the ocean. It is found also in some of the salt springs, and in many of the medicinal waters. It has lately been ascertained that it exists in considerable quantity in the Peruvian nitrate of soda, and it is probable that its extraction from this substance will be remunerative.

Iodine is in brilliant crystalline scales or plates, with a bluish-black metallic lustre; the scales are soft, and are easily broken. Its odor somewhat resembles chlorine, though it is less suffocating. Its taste is acrid and unpleasant. It is a non-conductor of electricity, and a negative electric. Its specific gravity is 4.95, and its chemical equivalent 126.3. It evaporates at ordinary temperatures, especially when damp. It sublimates at a heat below 212°, fuses at 225°, and boils at 347°. Its vapor is of a beautiful violet color, hence its name. It is soluble only in 7000 times its weight of water, to which even in this quantity it communicates odor and color. Its solubility in water is very greatly increased by adding chloride of sodium, nitrate of ammonia, or iodide of potassium. It dissolves in alkaline solutions, forming iodides and iodates. It is very soluble in ether and alcohol. Its range of affinities is very extensive, as it combines with most of the non-metallic, and nearly all the metallic elements.

Iodine in any considerable quantity can be detected by its characteristic purple vapor; but when in very small quantities, may be detected even to 450,000 times its weight in water, by the blue color it imparts to starch. Of this test we will speak more at large hereafter.

Adulterations.—Iodine in small quantities is frequently adulterated by dishonest venders, but as it comes from the manufacturers its chief impurity is water, of which it sometimes contains as much as twenty per cent. It is difficult to separate the water from it completely, but it should not contain over two or three per cent. Iodide of cyanogen is generally present in the commercial, but not in the purified variety.

Physiological Effects.—Iodine is but seldom administered in a pure state, but is generally given in combination; but even if administered in a state of purity in medicinal doses, it no doubt quickly enters into organic or saline combinations, and in this way becomes milder and less irritant both in its local and general effects. Its local action is that of an irritant, whether applied to the mucous membranes or to the cuticle, and this effect may result whether applied in a solid, liquid, or aeriform state. It is at times very difficult to tell in what manner iodine affects the system, for it may be administered in small doses for a length of time without producing any noticeable alterations either in the functions of organs or on the secretions. There are many instances in which it is given for weeks, or even months, with no other perceptible effects than the amelioration or removal of the disease for which it is taken. In these small doses it generally improves the appetite, and this improvement continues until the system seems to be saturated; it then produces gastric disturbance. Even in large doses, its first effects are often a great improvement of appetite; but if these doses are continued, there is anorexia, general symptoms of dyspepsia, unpleasant eructations, gastric irritability, frequently attended with colic and diarrhoea; the pulse becomes frequent and irritable, the tongue furred, the skin hot and dry, the respirations are more frequent, there is a peculiar sense of constriction and irritability about the throat, and much headache. If the medicine is discontinued, these effects soon pass over. As to its physiological action on the secretions, its effects are very variable. Some persons notice a large increase in the quantity of urine, while others state that the secretion is diminished, but that the flow of saliva is greatly increased. Again, it is said by some to largely increase the secretion of bile. It has been asserted that long-continued administration of iodine produces absorption of the mammae and testicles, and there are probably a few cases reported where these glands have become atrophied and diminished; but such cases are

very rare, for Magendie, Lugol, and Pereira state that they have never met with such a result. By administration of iodine in full doses there is an effect occasionally produced called *iodic intoxication* or *iodism*, in which the nervous system is disordered, giving rise to headache, palpitation, ringing in the ears, dimness or disordered vision, irritability, fever, and wakefulness. Lugol, who administered iodine more largely than any one in his day, frequently produced these symptoms, not only by its internal use, but by means of ioduret baths. Manson also mentions similar cases. But these symptoms are the results of careless administration, and need not be, and I think are not frequently produced at present.

Modus Operandi.—Iodine is rapidly absorbed into the circulation, and can be detected in the secretions. From many experiments that have been performed, it appears, that it is first to be detected in the saliva, then in the urine; sometimes it may be detected in the perspiration, but not as a rule, unless it has been taken for some time. Claude Bernard injected it into the jugular vein of a dog, and detected it immediately in the saliva, though it was not to be found in the urine until after the expiration of several hours. Scholtin also found it in the saliva in a few minutes after administration, after some time in the urine, but in the perspiration it was not found until the fifth day. He gave half a drachm daily of iodide of potassium. Cantu has found it in the urine, sweat, saliva, milk, and blood. Meeting a few years ago with a person who had a salivary fistula, I tried some experiments to ascertain the rapidity with which iodine could be detected in the saliva and urine. I administered half a drachm of iodide of potassium in powder enveloped in a small piece of bibulous paper, which was put into the throat and immediately swallowed and followed by a gill of water. The bladder had been previously emptied, and a small catheter introduced. The salivary secretion was immediately wiped away with a clean wet cloth, and one minute after the water was swallowed the saliva was collected and allowed to run into the spoon for two minutes. It was tested and gave evidence of the presence of the iodide. At the expiration of five minutes the urine was tested, but gave no traces; but in seven minutes after drinking the water, the urine ran off more freely, and all that passed from the seventh to the tenth minute was tested and showed the presence of the iodide. The iodide could be detected in the saliva thirty hours after administration, though not a trace of it could be found in the urine. At another time I administered to him twenty drops of a saturated solution of tincture of iodine in gelatine capsules, followed as before by a gill of water. In three minutes it was found in the saliva, but it was twenty-two minutes before it was found in the urine. Pereira thinks that it produces its action upon the system by liquefaction of the blood. Billing states that it produces contraction of the capillary vessels, and others attribute its effects to direct stimulation (or rather increased action) of the absorbent system. There is but little doubt that all of these effects are produced, and the gentlemen who have advanced these separate theories have not adopted the usual custom and overstepped the mark, but have fallen short of it. In adopting the classification of Headland, and placing iodine in the third order of the second division of hæmatic medicines, we have already proved to some extent that he has correctly placed it under the division catalytics. We have given proof that it is absorbed into the blood through the coats of the stomach and intestines, that it enters into the portal circulation with great rapidity, and is found in a short time in several of the secretions, and also in the excretions; thus fulfilling the action of this class of remedies, by first entering into the circulating fluid, and counteracting a morbid material or process, and then passing out of the body. We have also given proof by the experiments performed with tincture of iodine that it has undergone a change in the system, and has entered into new combina-

tions, probably both organic and chemical. Independent of its catalytic effects, it might to a certain extent be placed under the division of restorative hæmatics, for we find it so universally diffused in nature that it must to some extent be one of the constituents of the system. We have proof, then, that before it produces its peculiar action on the system it combines with organic substances, and is absorbed into the circulation; we have also proof, by more than one of its effects, that it hastens and increases the metamorphosis of tissue, and by this means removes from the body the morbid materials which gave rise to the disease. We see also in most instances a perceptible increase in one or other of the excretions, though in this respect it is not always the same. To prove that it hastens and increases the metamorphosis of tissue, let us watch its effects in both small and large doses. We find some morbid material or process in the system which produces a state of ill health; it is foreign to our purpose to inquire whether this material has been introduced into the system from ingesta, or is owing to a deficient power in certain organs to carry off the disintegrated and no longer needed substances. If in this state small doses of iodine are administered the only noticeable effects that it produces is an increased appetite, an increase in the specific gravity of the urine, and an absorption and removal of the materies morbi, with an increase in weight and renewal of health. But instead of giving it in small doses, let us see what are its effects when we administer it in large ones; after the first little increase of appetite caused by its stimulating effects, there is prostration and irritability, with loss of appetite. Absorption of the morbid material also takes place, the urine increases in specific gravity, and emaciation and loss of weight are readily noticed. In both instances we have then an increase in amount and rapidity of the metamorphosis of tissue, and this certainly in the first place without any stimulant action, as we understand the action of stimulants. That it should improve the appetite, and increase the strength and weight, when given in small doses, is readily explained, for we well know that all means that increase a healthy metamorphosis of tissue, call for a corresponding effort of the nutritive process. In the second instance, where large doses are given and the metamorphosis of tissue thereby increased, increase of appetite and weight are prevented by the irritant effects of the medicine on the digestive organs. That it acts by increasing the metamorphosis of tissue we see also by its constant local action. An enlarged gland is painted over externally with tincture of iodine, and under its application the tumor disappears. I know that it is asserted that this is owing to its stimulating or counter-irritating effect; but it is not so, for the tumor is not discussed by application of tincture of capsicum, aqua ammonia, or nitrate of silver.

Therapeutical Application.—Although iodine was discovered by Courtois in 1812, it was not used in medicine until 1820; on 25th July in that year Dr. Coindet, of Geneva, read a paper before the Society of Natural Sciences of Geneva on the use of iodine in the cure of goitre. He was led to investigate the action of iodine on goitre from the known beneficial effects of burnt sponge in that disease, the curative effects of which were entirely owing to the small amounts of iodides and iodates contained in the ashes. As iodine was found so efficacious in goitre, it was soon used with equally beneficial results in scrofula; and to Brera, Lugol, and Manson, we owe much of the knowledge we now possess of it in this disease. As it was a new remedy and really possessed extraordinary and valuable powers, it was employed by many in every kind of disease, and by some vaunted as a universal specific, and by others condemned as injurious and useless; but as we learn more of its physiological action and modus operandi we know better how to determine its real value. Dr. Williams, of the London College of Pharmacy, first announced its great value in the treatment of the tertiary form of syphilis in 1834.

Local Effects.—Iodine is generally used locally, either in the form of tincture, compound tincture, or in solution in glycerine or collodion; we will give you the most appropriate formulæ for preparing these solutions in the proper place. Iodine was first used as an external application in goitre, and several cases were cured by this means without its internal administration. It has been for many years extensively used as a local application to glandular enlargements, especially those in the various forms of scrofulous disease. It is a very common thing to see children of a scrofulous diathesis with enlarged lymphatic glands, and those about the neck are more frequently diseased than in other parts of the body. Although from experience the physician knows that the local application of iodine is of great service in the treatment of these enlargements, he is frequently prevented from applying it because it leaves a yellow unpleasant-looking stain upon the skin. This appears in some instances to be an objection to its use, for young ladies are unwilling to have so conspicuous a mark upon them, but this difficulty may be nearly always overcome by wearing a broad velvet band around the neck, and upon the spot where the band covers the tumor a piece of oiled silk should be placed; this cover of oiled silk assists the action of the iodine.

It has been used very extensively of late years as a local application in strumous ophthalmia. In this disease the little patients are very frequently troubled with great intolerance of light; in addition to the other treatment that is required, tincture of iodine is applied over the orbit and occasionally around the eye, and very great benefit is experienced from the local application. I have on several occasions seen perfect relief within twenty-four hours, by the local application of iodine alone in this photophobia scrofulosa. I have no doubt you all avail yourselves of the excellent opportunities afforded you for instruction at the New York Eye and Ear Infirmary; you also have peculiar and unusual opportunities of studying diseases of the Eye and Ear under the able teachings and clinical explanations of your earnest and learned Professor of Ophthalmic and Aural Surgery. You have at these clinics, and at those of the Eye Infirmary, seen many little patients whose first appearance denoted the trouble under which they were laboring. Every effort is made by them to exclude the light; and the hanging head, knit brow, and elevated upper-lip and nose, are legible marks of this strumous ophthalmia, accompanied with photophobia. In many of these cases you will be astonished to see such an amount of intolerance to light, with so little visible symptoms of disease within the eye itself. In these cases you will find marked benefit by the local application of compound tincture of iodine over the orbit and around the eye; underneath the eye you should make but one slight and quick application of it, but over the orbit apply it until the skin is deeply colored with it, and over the whole make one application of iodine in collodion. Insist upon the child being kept as much as possible out of doors, and you will frequently see in twenty-four hours a removal of the unpleasant symptoms. In scrofulous otorrhœa local application of the same substances behind the ear are equally beneficial as in diseases of the eye, but in both of these affections be careful not to apply the iodine on the inflamed and excoriated skin over which the unhealthy discharge has been flowing; and above all, be careful not to let the tincture run into the eye. In scrofulous persons the tonsils are nearly always enlarged; a local, internal application of tincture of iodine is generally more successful in removing the enlargement than any other application. But there are many instances, with children, where an internal application cannot be made; in these cases an external application over the tonsils will in time relieve the difficulty. In swellings about the large joints, especially those of a chronic character, free and frequent application of the iodine will be found of great advantage. It will be equally serviceable also in the swelling of the smaller joints and in paronychia. It is frequently used with advantage to swollen bursæ, corns, chilblains,

furuncles, etc. When thoroughly applied in the first stage of non-syphilitic inflammation of the inguinal glands, it will generally check the inflammation and prevent suppuration. In the early stage of inflammation of the breast it will frequently arrest its progress. It has been recommended on good authority as an excellent application directly to the wound in the bites of snakes and venomous reptiles.

(To be continued.)

Original Communications.

ON CERTAIN OF THE ACCIDENTS WHICH MAY FOLLOW VACCINATION.

By HENRY M. LYMAN, M.D.,

HOUSE SURGEON TO BELLEVUE HOSPITAL.

SIXTY years have passed away since the practice of vaccination was publicly inaugurated at the small-pox hospital in London. Till the close of the eighteenth century, variola was a disease from which no person could ever consider himself secure; yet, when Jenner announced that discovery which has rendered his name immortal, his statements excited the incredulity, contempt, and unmistakable hostility, not only of the uninitiated vulgar, but even of men of education and established reputation. In London was organized a society which appealed to the public to second its efforts in behalf of humanity against the "curse of cow-pox." Fearful narratives of death resulting from vaccination were published, and widely circulated by the opponents of Jenner. The physician to the hospital at Chelsea, Dr. Mosely, asserted that he had seen children "die of cow-pox without losing consciousness of torment till their last gasp." Dr. Rowley, physician to the Marylebone Infirmary, published the details of fifty-nine cases of death by "cruel vaccination" and declared it his belief that "when humanity shall reflect upon the crowd of victims diseased for life, who for ages yet to come will transmit to their posterity chronic maladies of a bestial origin, it will be enough to freeze the soul with horror. It is the duty," he continues, "of honorable practitioners of medicine to arouse the human race to a sense of the multiple and varied evils that await it under the form of this mild catholicon, this sugared potion, which bears a fatal poison in each destructive molecule." It was gravely asserted that certain vaccinated children had acquired the brutal characters of animals; and, in testimony of the brutalizing and transforming powers of the vaccine virus, at the shop-windows were actually exposed the portraits of persons with the eyes of oxen and the cheeks of cows!

This happened more than half a century ago. The experience of sixty years has refuted the objections of men like Mosely and Squirrell, yet there is still lingering in the popular apprehension a trace of that prejudice which was once so deeply rooted: a prejudice which owes its perpetuity to an imperfect comprehension of the relations that exist between a cause and its effect. The zealous *anti-vaccinarian*, who so confidently presumed the brutalizing consequences of inoculation with matter from the udder of a diseased cow, felt no fear of similar consequences as the result of the daily use of milk drawn from the same animal, nor did he hesitate over meat from the same pasture. It were more reasonable to suppose that the brute form and the human form of a disease that might be common to man and to the lower animals, would be marked by such differences only as are analogous and proportioned to the difference which exists between the human organization, and the organization of the brute; in other words, that the exciting cause will produce, in both cases, effects which shall be the same, plus or minus the essential difference between man and brute.

But, however that may be, the prejudice does exist; and, even among people who do not resort to public institutions of charity, vaccination is often blamed for many a congenital defect of body or mind. It is asserted that scrofula, erysipelas, syphilis, idiocy, imbecility, and a host of other ills, are not unfrequently transmitted from person to person by the act of vaccination—evidently the old objection couched in modern language.

Now, though no enlightened person will coincide with the opinions of those who would charge upon the act of vaccination so many of the ills to which flesh is heir, a due consideration of the subject constrains us to admit that there is a color of truth in the objections which have been raised against the practice. *Children*, and grown persons too, have died after vaccination, *without losing consciousness of torment till their last gasp*; an untimely end has terminated the protracted misery of individuals whose life was serene till the poisoned lancet introduced into their veins the germs of a disease more accursed than any other that afflicts the human race. At the same time it becomes evident that many of these accidents have resulted from causes that are easily avoidable, while not a few result from the operation of the same laws that regulate the most ordinary pathological events. That we may fully appreciate this fact, it is in the first place necessary to secure a clear understanding of the essential characteristics of the vaccine disease, as it manifests itself in the form of a localized inflammatory process occasioned by the infliction of a poisoned wound. The natural history of the disease itself is learnedly described by a multitude of authors: it is, for the present, sufficient to remember that after inoculation with vaccine lymph the wound remains quiet for about three days. On the third or fourth day it becomes congested, and a papule is formed by this congestion. During the four ensuing days the papule is converted into a vesicle by the exudation of serum and coagulable lymph. It is not before the ninth day that the stage of true pyogenic and ulcerative inflammation is reached; soon after which, the inflammatory process being completed, cicatrization occurs, and the scab is discharged, between the eighteenth day and the twenty-first.

Having, then, to deal with a process which, though specific in its nature, is a truly inflammatory process, it is right to infer that if it be excited in the presence of any abnormal conditions, it will be modified in accordance with the laws which are ordinarily called into operation by the existence of such abnormal conditions, and that it is through an acquaintance with the nature of these modifying conditions that we may hope to find the way of escape from the dangers to which the process is liable.

These modifying conditions arrange themselves in two natural classes:—conditions which affect the essential nature of the existing cause (the vaccine virus), and conditions which determine the physical structure and constitution of the individual in whom the process is exhibited;—their tendency, when unfavorable, is in the same direction, resulting in the most frightful exaggeration or even the entire perversion, of the original inflammatory affection.

It is to the first of these categories that our patients refer their complaints when unfortunate consequences follow the act of vaccination: it is by a cautious avoidance of the causes contained in the first, and by a judicious deference to the conditions of the second, that we who practise the art may hope to secure at least the approbation of an enlightened judgment.

Of the various causes by which the vaccine virus may be rendered noxious, one of the rarest consists in the absorption of deleterious substances endermically applied to the individual from whom the virus is derived. It is related by Dr. Huder (*London Med. Gaz.*, vol. xiii., p. 440) that five children were vaccinated from the arm of a healthy child, which had been vaccinated about seven days previously. Three different clean lancets were used in the vaccination of four of these children; the fifth, living at some

distance from the others, was vaccinated by means of ivory points dipped in the fresh lymph. Each one of these five children became, almost immediately, the subject of great constitutional disturbance: in not one of them was anything like a vaccine vesicle produced. Their arms were immensely swelled and oedematous; one child had convulsions; in two of them abscesses formed; and in every instance there was an alarming degree of febrile excitement. It was found, on inquiry, that the child from whom the virus had been taken, was healthy; but on the evening before the vaccination from its arm, the mother had applied a blister behind its ear, for the relief of a pain in that region, which was probably only a temporary effect of the irritation produced by the vaccine vesicles. Notwithstanding the application of this blister, the vesicles had seemed to be perfect when lymph was taken from them the next day, and, with the exception of a slightly unusual degree of opacity, the virus had appeared to be in a proper condition for use.

These cases are remarkable, and, were they unique, might easily excite our suspicion that some predisposing cause other than the concurrent action of cantharides and the vaccine virus, was the real agent in the production of such an unruly inflammation. It was, however, observed in France early in the present century, that the mode of vaccination by means of a blister or a thread was more than any other mode liable to be followed by suppuration and spurious pustulation. M. Husson, a writer in the *Dictionnaire des Sciences Médicales* (vol. lvi., p. 423), records the history of two persons who were vaccinated by the application of lymph to a surface which had been blistered with cantharides. Serious ulceration was occasioned in each instance; the wound became greatly inflamed, and degenerated into ulcers which, at the end of the sixth day, were sloughing extremely. It was only after the expiration of two months of active treatment that these patients recovered.

Another cause of danger consists in the mingling of purulent matter with vaccine lymph, a circumstance which usually results from the use of virus drawn from a pock which has reached the stage of pustulation. The formation of pus ordinarily occurs about the eighth day, consequently it is impossible after that date to procure a pure albuminous lymph. The nature of this pus will be influenced by all the circumstances which affect the individual who is the subject of the inflammatory process, and is, consequently, liable to vary, from the blandest of fluids to an irritating liquor that shall resemble the most virulent of poisons. Such an accident is of course rare at the present time, but it not unfrequently occurred during the early experience of vaccination. The first instance on record fell under the observation of Dr. Wollaston (*Med. and Phys. Journal*, vol. iv., p. 488), who saw nine persons, residents of a parish near London, who had been vaccinated Oct. 31st, 1800, with matter taken from a vesicle at a very late period in its course. The virus had a purulent appearance when it was taken from the arm. This inoculation produced extensive erysipelas, which spread rapidly from the point of vaccination, accompanied in many instances by considerable constitutional affection, which was followed in most of the cases by an ulcerative process, and in some by a tendency to gangrene. Of a large number of persons who were vaccinated, about the same time, with *other* lymph, not one experienced the slightest evil effect. Two other persons, who had been vaccinated eight days previously, manifested the same unfavorable symptoms after an attempt to procure lymph from their vesicles with the same lancet. None of these cases proved fatal, though their course was painful and tedious. Occurring at an early period in the history of vaccination they attracted much attention at the time, and a committee of medical gentlemen was appointed to examine the particulars of so unfortunate a result. That the symptoms were occasioned by introduction of a morbid poison into the system cannot be doubted. The vesicle from which the lymph was taken had assumed a pustular

character; that its contents had undergone some poisonous modification appears equally certain. Had the lancet been originally in fault, the person from whom the matter was taken would have been as liable to unfortunate consequences as were the two persons from whom lymph was afterwards taken with the same instrument.* Had any epidemic or accidental cause been active at the time, it is morally certain that other vaccinated individuals would have been affected in like manner. The precise nature of the transformation undergone by the virus is of course unknown: it is concealed by the same veil of mystery that envelops the whole subject of morbid poisons.

That the purulent contents of a broken-down vaccine vesicle may produce the most serious results, when inoculated into the system, is further illustrated by the following extract from the writings of Dr. Waterhouse of Cambridge, Mass., one of the pioneers of vaccination in the United States:—"During the autumn of 1800, a singular traffic was carried on in the article of kine-pox matter, by persons not in the least connected with the medical profession. * * * I have known the shirt sleeve of a patient, stiff with the purulent discharge from a foul ulcer, made so by unskilful management, and full three weeks after vaccination, * * * cut up into small strips, and sold about the country as genuine kine-pox, coming direct from me. Several hundred people were inoculated with this caustic animal poison, which produced great inflammation, sickness, fever, and, in several cases, eruptions."† (*Med. Repository*, vol. v., p. 375.) It is very probable that many of these cases were much aggravated by putrefactive decomposition of the lymph which was thus carried from place to place, without precaution against the effects of heat and moisture; a consideration which naturally directs our attention to a third cause, by which virus may be rendered noxious. Like all other substances of animal origin, it is liable to putrefaction when exposed to the air, during which process a poisonous element, analogous to the *cadaveric poison* evolved in bodies after death, is called into existence. Inoculation with this decomposing lymph has been attended with the most disastrous effects. Mr. Wakley (*Lancet*, July 10, 1852), saw two infants, one aged six months, the other two months, who were vaccinated at the same time with lymph supplied by the London Vaccination Hospital. The lymph had been taken from a healthy child, on the eighth day, and had been deposited for preservation on a sharp pointed cone, that formed a part of the stopper of a bottle. In both cases, the arm soon became greatly inflamed; the eldest child died on the fourteenth day with sloughing of the wound; the younger infant recovered after a long illness, attended with formation of abscesses in the joints and in other parts of its body. The remaining lymph was submitted to a microscopical examination, which proved that it had been completely decomposed, and was unfit for use, though it had been taken between thirty and forty hours only previous to its employment for the vaccination of these children. The victims of a similar misfortune recently occurring in our own country were more numerous, as appears from the Records of the Middlesex North District Medical Society.‡ About the 1st of February, 1860, the authorities of Westford, Mass., procured from the city physician of Boston, a number of vaccine scabs which were certified to be from clean and healthy children, perfectly

free from extraneous matter, of a bright mahogany color and as good, apparently, as any ever used in Boston. These scabs were placed in the hands of a physician, residing at Westford, who proceeded to make use of them in the following manner:—On the 13th of February, two or three of these scabs were dissolved with snow-water in a phial; on the next day a thread was put into this solution, and was allowed to soak in it. A small portion of the thread was introduced with the dissolved lymph into the arm of each person who was vaccinated, *the phial being, in the meantime, carried about in the pocket of the physician.* During the week following, nearly fifty persons were vaccinated with the virus thus prepared, of whom all experienced bad results in a greater or less degree of erysipelatous and gangrenous inflammation. In no case was the true vaccine disease excited; from the very first moment after insertion of the virus, pain, and a tendency to inflammation of a low grade, were present. A large number were rendered seriously ill; and three persons, who were past the prime of life, and who were in feeble health, died in consequence of the terrible severity of the disease which had been thus excited. The symptoms were precisely those which follow inoculation with the cadaveric poison of the dissecting-room—a fact which a moment of reflection would have easily anticipated. We can only wonder at the carelessness, to use the mildest form of expression, of a person who could use, for purposes of vaccination, matter that was so unmistakably putrid, that "it emitted a most offensive smell when the cork was removed from the phial in which it was kept."*

CHARACTERS OF DIPHTHERIA.

By A. C. HAMLIN, M.D.

SURGEON 2D REGIMENT MAINE VOLUNTEERS.

It is a well established fact that the types of diseases observed in great armies are often so mingled and masked, that we cannot discriminate them clearly, or even classify, without giving to them a compound name. This mysterious blending or alteration of character is not confined to a single order or class of disease, and neither are the monorganic or zymotic alone affected. Many ascribe this singularity to pythogenic causes or miasmatic influence; but Armand, of the Imperial Guard, maintains, by reason of experiences and observations in Algiers, Italy, and the Crimea, that, for a solution of the question, we must look to those variations of temperature which he calls thermo-electro-hygrometric, etc.

In regard to these phenomena and to the hypotheses of Armand, we propose to discuss them from time to time in a series of casual notes, with such data as fall and have fallen within our limited range, trusting that a few golden grains may be found amid the chaff.

Since the commencement of the campaign, some thirty cases of diphtheria have been observed by us, most of which have been so obscure and complicated as to render diagnosis perplexing, and often inclining us to doubt whether the malady merited a distinction from some other phlegmasias of the throat by reason of functional symptoms and physical signs. Rarely did it commence with the pellicle of Bretonneau, though it afterwards assumed many of the peculiarities of the disease in an advanced stage. Sometimes the exudation appeared like cryptogamous vegetation; then, again, there were ulcerated fissures or irregular patches with flake-like lymph. All the cases appeared during or after wet and stormy periods, when the atmospheric variations were sudden, and the electric oscillations considerable. All ended in resolution, without serious injury

* The great difficulty with which a poisoned instrument is cleansed is well known to all who have practised dissection.

† An example, quoted by Dr. Bradley from the ancient experience of inoculation for small-pox, bears directly upon this subject: "A professional gentleman of the first rank in London, many years ago inoculated a child with variolous matter so very far advanced that he took it from under a scab. It produced a very violent erysipelatous inflammation in the arm, which gradually extended almost over the whole body. The arm ulcerated, and the disease terminated in an anasarous swelling of the left leg and thigh, and lasted six months. It yielded at length to sea-bathing, when the child was again inoculated with perfect variolous matter, which produced the small-pox as completely as if the constitution had not felt the influence of the imperfect." (*Med. and Phys. Journal*, vol. iv., p. 489).

‡ *Boston Med. and Surg. Journal*, March 8, and March 24, 1860. See also the *Tunton Daily Gazette*, March 12, 1860.

* During the fall and winter of 1859, several persons in New Hampshire were vaccinated with scabs which had been previously dissolved in water. They were made quite sick for a long time, having unhealthy sores with eruptions at and near the points of vaccination. These sores were difficult to heal, and remained for weeks, in some cases for several months. In no case did the arm, after recovery, present any indication of the occurrence of true vaccine disease. (*Boston Med. and Surg. Journal*, June 7, 1860.)

to the system except one, in which instance death ensued from hæmorrhage of the palatine or pharyngeal arteries. The enlargement of the cervical glands was often very great, with occasional abscess; but yielding to stimulants and absorbents, it gradually returned to natural size. The attending pyrexia and constitutional disturbance were in most cases slight.

The treatment varied from strict antiphlogistic to stimulant, or to a combination of both, which seemed to be the most efficacious. When the ulcerations were clear of fibrinous exudation, strong solutions of nitrate of silver produced their accustomed healthy effect; but whilst it remained (and often it could not be detached) the strongest cauterization of iron or silver made no impression, as they were not able to penetrate the effused lymph. But small fragments of ice, held in the mouth in contact with the disordered portion, proved of the greatest value when used in conjunction with stimulating embrocations around the neck.

The last case is yet under observation, and may not be uninteresting.

Private C., æt. 19, 2d Maine, joined the National forces in Virginia, late in December, as new recruit; was attacked with rubecula, shortly after with severe typhoid symptoms, but became convalescent after a few days' treatment. Three days passed in good progress, when soreness of the throat and difficult deglutition were experienced. Examination disclosed buccal and palatine membranes, velum, and fauces, red and vascular, tonsils swollen, muscles of the neck stiff and painful, sub-maxillary gland enlarged on left side, tongue red and clean at point, but "langue perroquet" at base (typhoid trace), respiration good, appetite affected, pyrexia slight.

Treatment.—Chlorate of potass gargles, iodine embrocations externally, inhalations of steam, and carb. ammonia and brandy internally, high diet. 26th.—Disease progressing rapidly, pellicle appearing on left tonsil, cauterization with solid nitrate of silver, continuation of previous treatment. 27th and 28th.—Disease increasing, both tonsils now covered with patch of tenacious and membranous exudation (inodorous by chlorate of potass), both maxillary glands much enlarged, deglutition very difficult, respiration fair, anorexia, debility increasing, courage good. 29th.—No improvement, caustics discontinued, and small fragments of ice were placed in the mouth near the affected parts every half hour; no other change in treatment. 30th.—Slight improvement, glands lessening. 31st.—Deglutition and appetite improved, small quantity of milk drunk, debility great. Feb. 1st.—Attacked with profuse diarrhœa during the night, and at morning appeared extremely weak, unable to speak except in whisper, throat much swollen, less painful and less red and vascular, exudation apparently unchanged, stomach very irritable and unable to retain anything but milk, bitter infusion with bi-carb. soda every four hours, camphor and opium frequently to check diarrhœa, sponge-baths of whiskey and water along spinal column to arouse nervous energy, courage faltering. 2d.—Diarrhœa unchecked, anorexia complete, frequent vomiting, extreme nervous and muscular prostration with feeble and quickened pulse, deglutition and respiration good, glands much lessened in size, eye sunken and glassy, brow contracted, face pale and haggard, with peculiarities of facies Hippocratica, slightly comatose; prognosis, death.

Sponge baths continued, carb. am. and brandy frequently, enema of chicken broth with laudanum three times during the day, blister to epigastrium.

3d.—Nausea less, able to drink a small quantity of milk, diarrhœa checked, throat easy, tongue dry and brown, facial expression and general condition unchanged, treatment same, with small draughts of milk. 4th.—Condition improved, eye brighter, pallor of face less, throat easy, less inflamed, but exudations still fixed, tonsils lessening, treatment continued. From this date the recovery was extremely rapid and without relapse, the appetite returned in force, and with it strength and courage, the exudations

gradually passed away without exposing the ulcerated surfaces beneath, or leaving eschars of note.

NEW MANNER OF PLUGGING THE VAGINA.

By E. P. BENNET, M.D.

DANBURY, CONN.

In placenta prævia and in cases of abortion, the life of many a female is saved only by the judicious use of the *tampon*. This operation, so efficient, is many times a troublesome one, both for practitioner and patient, especially when the substances introduced have been saturated with astringent solutions, as they usually should be to render them doubly efficient. In early life I found much trouble in this respect, as the alum, or other astringent, so corrugated the parts as to render their introduction difficult and painful. Now, by using a common glass speculum, all trouble is at once removed. You can pack the vagina to its utmost capacity in a single minute without any trouble or suffering to your patient. In cases of abortion, in two instances where a small portion of placenta remained beyond the reach of instruments, and where hæmorrhage was long continued and alarming, I succeeded in saving the women by plugging the os uteri with a piece of sponge—an operation easily done through the speculum, but almost impossible without it. One of these ladies was and now is living in your city, and was reduced to the lowest condition. This plan may have been pursued by others; but so far as my recollection serves me, I have not seen it mentioned.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, January 8, 1862.

DR. A. C. POST, PRESIDENT, IN THE CHAIR.

BILIARY CALCULUS.

DR. FINNELL presented a specimen of biliary calculus with the following history:—The patient from whom the specimen was removed was a lady, æt. 40, who had been attended by Drs. Joseph M. Smith, Stillé, and Young. She had been ailing for several weeks past with symptoms referable to the stomach; vomiting of large quantities of bile was almost constant, as was also pain in the epigastrium. There was no icterus present, neither any of the other symptoms which belong to hepatic derangement. Death was occasioned by exhaustion. On post-mortem examination, in the situation corresponding to that of the gall bladder, was found a large gall stone, enveloped by a thick cartilaginous membrane. The tissues in the immediate neighborhood were agglutinated together, and the pyloric extremity of the stomach was much thickened; all of which was supposed to have been the results of old and oft repeated attacks of inflammation.

DR. ELIOT referred to the fact which had been communicated to him by one of the attending physicians, viz. that the tongue presented a very red and beef-like appearance.

THREE PLACENTAS IN ONE.

DR. FINNELL presented in behalf of Dr. FURMAN three placentas joined in one. The case was one of triplets. The first child was delivered without any trouble, the head presenting. Before the delivery of this child the head of the second one was felt through the abdominal walls, and hence twins were promised to the woman. The second child was delivered in the course of an hour after the first, when shortly after a third one presented the foot. The length of the cord of each child varied; in the first it was about two feet, in the second but one foot, while in the third it was the shortest and thickest of all. The chil-

dren, two males and one female, were at last accounts doing well.

LOBULATED INFLAMMATION OF SPLEEN.

DR. BAUER exhibited a spleen and heart which he had removed from a man 48 years of age. He could give little more than the post-mortem history of the case. The symptoms during the past fourteen or fifteen months divided themselves between cardiac trouble and a deep-seated immovable pain in the left hypochondriac region. On making, by request, the post-mortem examination, Dr. B. discovered the existence of lobulated inflammation of the spleen, a pathological condition of great rarity. On dividing the organ longitudinally a wedge-formed discoloration was discovered at its lower portion. The same thing was noticed at its superior portion, which, however, had not progressed so far as the other towards the perfect development of the true character of the disease. On microscopical examination the appearances were found due to simple fatty degeneration. Dr. B. experienced a great deal of difficulty in finding authorities upon the subject. Very few pathological anatomists made an allusion to it, and Virchow seemed to be the only one who gave a good description of its characters. The wedge-shape of the inflammatory process in the particular portions of the organ was due to the trabecular and convergent arrangement of its stroma. The heart was found diseased. There was a considerable atheromatous deposit around the valves; and also vegetations. The complication of disease of the heart with that of the spleen had been referred to by the authority quoted. He also supposed that the original cause of the disease of the spleen was the escape of some of the endocardial vegetations in the general circulation, which were finally arrested in the small arterial branches supplying the affected lobules.

DR. FINNELL had from time to time presented two or three specimens of spleens illustrating the fibrous disease. They were removed from persons of intemperate habits. There was no heart disease connected with any of these. The diseased masses were more or less scattered through the organ, which was usually about twice its natural size.

RUPTURE OF FALLOPIAN TUBE FROM TUBAL PREGNANCY.

DR. BAUER exhibited a second specimen, consisting of a portion of the Fallopian tube, removed from the body of a young lady who had been married several years. She had never borne children, and for the last three or four years of her life had suffered from disturbances of the menstrual flow, leucorrhoea, etc. Of a sudden, however, she became affected with very intense pain in the right iliac region, attended with excessive vomiting. No anodyne could give her relief, and she finally sank and died. Suspicions having been aroused as to the possibility of her being poisoned Dr. Bauer was requested by the coroner to make an autopsy. The right Fallopian tube was found ruptured, in consequence of tubal pregnancy, and the whole cavity of the abdomen was filled with blood. Alongside of this rupture was an epiploic appendix lying free in the abdominal cavity.

DR. FINNELL referred in this connexion to two cases of Fallopian pregnancy which he had met with, both of which occurred on the right side. In one, the symptoms were so sudden, and the vomiting so persistent, that poisoning was suspected.

STRICTURE OF OESOPHAGUS.

DR. BAUER presented a specimen of stricture of the oesophagus, removed from a patient whom he had seen but once, that being about three months previous to her death. The history given him then was that about eighteen years previously she swallowed a small cherry-pit, which, becoming arrested in the oesophagus, remained there for some little time. Since this time she had experienced more or less dysphagia, but this symptom only became distressing a

short time before she saw Dr. Bauer. On examination, a stricture of the tube was discovered. Inasmuch as the cause of the disease was a simple one, it was thought that dilatation might be resorted to with benefit. As she resided some distance from the city, the suggestions for treatment were sent to the practitioner, Dr. Hammond, who had her in charge. The physician seemed to be successful for a little while, when he discovered that after each passage of the bougie, the oesophagus became hermetically sealed, so that she was unable to swallow even water until two or three hours had elapsed. She died of inanition, and on post-mortem examination there was found an abscess surrounding the oesophagus, and situated just above the point of constriction. In the right lobe of the thyroid gland a large calculus was found imbedded.

DR. KRACKOWIZER stated that he had seen the same case about three or four weeks before death. It was then difficult to decide which was the most urgent symptom, the dysphagia or dyspnoea. The patient stated to him that for many years past she had been troubled with difficulty in swallowing, which, however, would leave her sometimes for months. Only a very transient benefit seems to have followed the use of the bougie as advised by Dr. Bauer. In attempting to probe the stricture with his finger, Dr. K. brought up some cheesy-looking material, which on microscopic examination proved to consist of epithelial scales, and a great quantity of those fungosities known as oidium albicans. He felt a hard tumor in the region of the thyroid gland, which inclined him to the belief of the existence of epithelial cancer. He, however, thought it very probable, in the absence of the characteristic nests of scales, that the cheesy substance consisted simply of layers of epithelium from the surrounding mucous membrane. He advised, in order to prolong life somewhat, that either oesophagotomy or gastrotomy be performed, but she was afterwards told that it would even then be necessary soon after to resort to tracheotomy, inasmuch as the larynx had been firmly bound down to the adhesions surrounding the stricture. Under these circumstances the patient declined having anything done, and in the course of a couple of weeks after he heard of her death from inanition.

DR. POST had under his care several years ago a gentleman with stricture of the oesophagus near the cardiac orifice. The patient removed from the city, and a short time after he heard that death had taken place in consequence of inanition, but that just previous to that event a large quantity of pus had been discharged. No post-mortem examination had been made, but he supposed that the abscess, as in the case just cited, was situated in the neighborhood of the constriction, and had a great deal to do in hastening the fatal result.

ENDOSTITIS OF FEMUR, ETC.

DR. BAUER presented a fourth specimen, consisting of the knee-joint of a lady, æt. 17, which had been removed by amputation. The disease could not be referred to any injury, and had lasted but eight months. During the first three months of its existence, and up to a short time previous to her admission into the Brooklyn Medical and Surgical Institute, there had been very little tenderness and swelling of the joint; she had not suffered from any reflex muscular irritation, and her sleep had not of late been much disturbed. On her admission into the Institute, the knee was found swollen in front and in the popliteal space, but its cutaneous surface was not discolored. There was slight flexion of the joint; and distinct fluctuation over the whole of the diseased part. A puncture was made in it in order to ascertain the nature of the fluid contents of the swelling. Instead of pus escaping, as was expected, fluid blood issued from the opening. The persistent hectic and emaciation of the patient rendered amputation imperative. After the removal of the limb, a regular excavation of the apophyses of the femur was recognised, filled with blood, the source of which was not ascertained. No tuberculous deposit was found. The periosteum had been

raised from the posterior and anterior surfaces of the bone, and on the inner surface of the membrane were evident nature's efforts towards the formation of new bony material. Taking into account all the circumstances of the case, Dr. Bauer was disposed to think that the disease originated in endostitis.

Dr. Wood believed that there had been an abscess of the lower end of the femur, which had disintegrated the bone, and separated the periosteum in the neighborhood from its attachments. This separation, he supposed, had existed for a considerable length of time. All the deposit of bone alluded to could in his opinion be accounted for by the existence of periosteal inflammation. In conclusion, he asked if the spicula had been examined by the microscope.

Dr. BAUER did not think that an abscess of the nature referred to could have existed without giving rise to more symptoms than were exhibited during the progress of the disease. Nor does the cavity necessarily indicate an abscess, inasmuch as endostitis likewise produces one by circumscribed fatty decay of the cancellated structure, as he had seen it.

EXSECTION OF KNEE-JOINT.

Dr. BAUER presented a fifth specimen, which he obtained by exsection of the knee-joint of a young girl 17 years of age. She had suffered for seven or eight years with what is generally called "white-swelling," and when she presented herself at the Institute, her knee-joint was distended and filled with liquid. She had suffered very little from constitutional disturbance, complained of no great amount of pain, and very little tenderness of the part. A puncture was made, and the fluid, which proved to be pus, was evacuated. Motion of the parts was then made, when the articular surfaces of the tibia, femur, and patella, were noticed to grate against each other. There remaining no other remedy, an operation was deemed advisable. Exsection was determined upon, if the bone should not be found too far diseased. The result of the case proved the correctness of the decision. A portion of the tibia, about half an inch in thickness, and of the femur, about an inch and one-eighth, and the patella, was only removed, the rest of the bones being healthy. The operation was performed ten weeks previous, and the patient has fibrous ankylosis, which in course of time will undoubtedly become bony in character.

The surface of the condyles at one or two points presented an ivory-like hardness, and the question which had interested Dr. Bauer and his colleagues had relation to the fact whether or not this was true eburation, or simply the dense bony tissue immediately underlying the cartilage.

Dr. Wood was of the opinion that the hardened portions referred to were nothing more than sequestra which had been driven into carious bone, inasmuch as those portions could be moved. He asked Dr. B. if there were any sinuses remaining after the operation.

Dr. BAUER stated that in the first case the sinuses closed in four months, and in the last case there were still present very superficial ones, most probably communicating with dead bone. In both cases the ends of the sound bones were wired together. In the last case he would not be surprised to see from time to time small fragments of bone presenting themselves at the opening, as he expected the bridge of bone which was situated between the surface of the femur and the tibia to become necrosed. This same thing happened in the first case.

Dr. Wood stated that he had met with sinuses quite frequently after exsection. He referred to a case he had then under treatment, of exsection of the knee-joint, in which a sufficiently long time had elapsed to allow the ends of the bones to unite, but the sinuses still remained open. He coincided with Dr. B. as to the probability of the bridge of bone referred to becoming necrosed, as the same thing had happened to himself in two instances where wires had been used.

Dr. Post remarked that it was very usual to meet with sinuses after exsection, where no wires were used. In connexion with the subject of eburation, he referred to a case presented to the society, in which amputation of the thigh was performed for caries of the articular bones of the knee with necrosis of the femur. The portion of the thigh bone sawn through was completely eburnated. The medullary canal at this point, being by this means completely occluded, formed a wall between the caries and the sound bone above. He had seen a number of instances of eburation of the upper extremity of the thigh bone.

Dr. Wood cited in this connexion the case of a hip-joint which he had exsected last winter. It was originally a case of morbus coxarius, and in connexion with which the superior portion of the shaft to the extent of two and a half inches was eburnated and enlarged in circumference. He also referred to a specimen, previously presented, in which a considerable portion of the tibia was eburnated.

Dr. Post stated that according to his observation necrosis presented less smoothness of surface, and less density, than that which was shown in the specimen exhibited by Dr. Bauer.

Dr. Wood remarked, that he had seen in the phosphoric disease of the jaw, not only the sequestrum but the involucrum a great deal harder, and more dense, than in the portions of supposed eburation referred to.

Dr. KRAOKOWIZER thought that Dr. Bauer's specimen of eburation showed that exostosis had first taken place, and that the protruding portion had become eburnated.

(To be continued.)

American Medical Times.

SATURDAY, FEBRUARY 22, 1862.

THE AMERICAN MEDICAL ASSOCIATION.

THE time is drawing near when some action should be had concerning the Annual Meeting of the American Medical Association. In common with many others, we deemed it advisable that the last annual meeting should not be held. The country was at that time in a state of feverish excitement, and there were few who took a lively interest in anything but current events. Had the meeting been held, we doubt if a respectable number of our medical brethren would have been called together. But the condition of our civil affairs has changed, and this change gives a new tone to the feelings and temper of the people. Business is beginning to resume its former channels, and citizens are returning with increased interest to their former pursuits. The question which we now propose to the medical profession is this: Shall not the American Medical Association hold its annual meeting at Chicago, on the first Tuesday of June next?

So far from the present condition of the country constituting reasonable ground for further postponement, there are several reasons which render a meeting of the Association at this time particularly desirable. The civil contest into which we have been unexpectedly precipitated, develops many new subjects of interest and importance, which it behoves the profession to consider. A host of topics relating to military surgery and hygiene are now, for the first time in our generation, brought home to us, and their careful consideration devolves upon the profession.

There will be no dearth of topics which, in the present state of affairs, will spring up in the deliberations of the Association, and which no other organized body of the profession can so appropriately consider. We conceive that the Association owes a duty to the country, the profession, and to itself, which it can only discharge by holding a stated meeting, and remaining in session long enough to deliberate carefully on all the important matters which will come up for consideration. We know that we utter the sentiments of many, when we urge upon the officers of the Association to see to it that the regular meeting in June be seasonably announced.

In connexion with the meeting of the Association, we desire to allude to a matter which seems to us to claim more attention than it is receiving from the profession. The practitioners of Homœopathy are, at the present juncture, putting forth all their efforts to obtain some official or legal recognition of that system of practice. They are striving for this end with somewhat of the same desperate energy with which the rebellious states are seeking to be recognised by the great foreign powers. If it be said that these efforts show the weakness, rather than the strength, of the roving system which has for many years thriven on the credulity of a portion of society, we admit the fact; but, nevertheless, is it well for the profession to remain altogether apathetic? Do we not, by inaction, furnish occasion for misapprehension? Ought we not, as a profession, to do something towards enlightening our legislators, and, to say the least, not leave it to be inferred that we are wholly indifferent to the action which may be taken respecting the applications before our state and general governments?

As pertinent to these inquiries, we would refer to past experience of medical legislation in this state. Twenty-five years ago, the laws regulating the practice of medicine and surgery in the state of New York were admirably adapted to promote the welfare of the profession, and afford security to the public against imposition. It was requisite that every regular practitioner should become a member of the county society. The profession, thus, had the power to determine who should, and who should not, be ranked in the class of regular practitioners. Irregular practitioners were prohibited from practising, by fines, and by imprisonment, if they persisted after having been repeatedly fined. They had no power to collect bills for medical services. The class of empirics known as botanical practitioners, or Thomsonians, raised a hue-and-cry against these restrictive laws. By pertinacious clamor they procured a law authorizing them to practise, provided they prescribed only vegetable remedies, indigenous in this state! But this did not satisfy them; they continued to harass the public and the legislature, until not a few members of the profession, tired of hearing so much about the subject, themselves petitioned to have all the restrictive laws abrogated. The legislature finally granted to the botanics all they asked. This class of empirics was then pretty numerous, and, like the homœopathists of the present day, they had their active adherents. Where is the sect now? In this state it is almost extinct. The concessions which were obtained did not suffice to keep it in existence; perhaps, on the contrary, it suffered a positive injury when they could no longer complain of persecution. But these concessions also damaged the legal position of the profession. The profession were deprived of some of

the prerogatives important for the protection of its character, and not less so for the welfare of the public. Now, the members of the profession in this state, had they been disposed, undoubtedly might have thwarted the efforts of the botanics, until the system died out from its intrinsic elements of decay.

This experience seems to us to teach a lesson with regard to the attitude of the profession towards homœopathy at the present time. We can prevent any recognition of this system, either by state legislature or the general government, if we choose to make an exertion for that end. There is no class of men in this country who can exert a stronger influence, by united action, for any important object, than the members of the medical profession; with union and action we can become irresistible. We can make and unmake legislators, governors, and legislatures, if we choose. We have only to organize and act in concert. It is, then, simply a question of propriety or policy, whether we shall, as a profession, take steps to put a quietus on the purposes for which the homœopathists are stirring, or whether we shall remain passive, and suffer then to effect what they can by their importunate demands.

We leave this question for the present with our readers, adding that, if it be desirable for the profession to consider the matter, and, still more, if it be concluded to act, it is advisable not to let the annual meeting of the Association have the go-by.

THE WEEK.

WE have called the attention of the profession to the importance of some kind of arrangement on our railway thoroughfares to meet the severe accidents that so frequently befall passengers. We learn that a measure of this kind has been introduced into the Legislature of this State, and has been very favorably received. The following are the outlines of the Bill:—

"It provides for the Association of the Railroad Companies of the State, the same to be a 'body politic and corporate,' managed by a 'Board of Managers,' consisting of the Presidents or such other officers of the associated companies as may be designated by the respective companies and the President of the Association, who shall be a citizen of the State of New York, and not an officer of any railroad company. This association shall make up a guarantee fund of \$100,000, chargeable upon each road pro rata as to its passenger traffic, and to enable the association of railroads to meet casualties the respective companies shall, in their discretion, be allowed to charge one-half of a mill per mile to every passenger in first class cars, or one cent for every twenty miles or distance within it in addition to the usual fare. In return for this, each passenger is guaranteed, in case of death, \$5,000 to his heirs; in case of loss of a limb, or an incurable injury seriously interfering with usual occupations, \$5,000; and for other injuries in proportion, to be hereafter definitely laid down. Surgical stations are also to be furnished along the line of the road, and competent surgeons appointed to attend them when required. This done, the railroad companies associating are to be exempted from all further liability on account of any accident to passengers. At the end of each year, whatever remains of the associated fund, after paying all expenses, shall be divided into two equal parts, the one to accumulate until a permanent fund of \$100,000 is created, the other to be equally divided and paid to the trustees of four hospitals, two in the eastern and two in the western part of the State, they undertaking in return to treat gratuitously whatever cases of injury may be sent to them from the railroads. When the \$100,000 fund is completed, then the

whole surplus will go to said hospitals. Thus, whatever is obtained from the public will be returned to the public. It might be urged that companies, by such a measure, would be relieved altogether from pecuniary liability, and might become careless. To obviate this, a sort of reward and penalty clause has been introduced. It provides that on an accident occurring on any road, the company shall be fined to the extent of one-third of the amount to which it has rendered the associated fund liable. This fine is to go into a special fund, which, at the end of the fiscal year, is to be divided pro rata as to their contributions to the casualty fund, first charging the respective companies to the extent of the one-third of the claim made by their road on the associate fund. Rewards and penalties are here set forth of the highest importance as securing care and proper equipment on every road of the association. Companies not meeting with any accidents will thus be absolute gainers; while those with whom they occur, not only lose the amount to which they are fined, but have an equal amount deducted from them in their share of general distribution."

This is a matter which should especially interest all surgeons residing on railways. The movement has thus far been principally sustained by Dr. ARNOLD, of Yonkers, and we hope there will be a concerted action of all interested in this measure.

THE daily papers announce the death of one of our most eminent statesmen, the Hon. WM. PENNINGTON of Newark, N. J., by accidental poisoning. It seems that he was suffering from fever and was attended by Dr. PARKER of N. Y., and Dr. PENNINGTON of Newark; he was ordered eight grains of quinine: the apothecary, by mistake, put up eight grains of morphine, which the patient took at a dose, and which quickly proved fatal. We are not surprised at this accident; indeed, it is more surprising, considering the want of system among druggists in the arrangement of poisons on their shelves, and the gross ignorance of their assistants, that these casualties are not of every-day occurrence. If such a fearful calamity should lead to reform it were not so lamentable, but it will teach a lesson which but one person will heed, and he is the unfortunate apothecary who committed the error.

A WRITER in the Boston *Medical Journal* endeavors to vindicate Dr. MORTON in his late prosecution for the infringement of his ether patent. It is still asserted that he merely wished to test the validity of his patent in order to compel Government to compensate him. The same plea was alleged when he brought a suit against the U. S. Marine Hospital at Chelsea. Whatever were the motives, then and now, in bringing these suits, the impression left on the minds of those who listened to the arguments of his counsel in the present suit, is decidedly that this was the beginning of the arraignment of public institutions, if not of individuals, for infringing his patent. Dr. PARKER was fully justified in saying that the movement in Dr. MORTON's behalf in this city was, "on the idea that he had abandoned his patent, otherwise not a thing would have been done."

In the last English edition of Samuel Cooper's *Surgical Dictionary*, a singular error has been committed by Mr. ERICHSEN, the author of the article upon ligature of the Internal Iliac artery. It is stated that this artery was first tied, and that successfully, in 1828, in the United States, by "Mr. Hudson of New York." To be correct, it should have read, by "S. POMROY WHITE, M.D., of New York; formerly of Hudson, in the State of New York." As Dr.

White performed this important operation at a distance from his residence, and attended the patient without receiving any pecuniary compensation, we think the credit of the operation should not be accorded to Mr. Hudson.

THE influence of the war upon Medical Education remains an unsettled problem. There are many reasons why it should increase the number of students; such as the great demand for surgeons in the army and navy, and the vacancies which have occurred in country towns by the enlistment of older practitioners in the army. As yet, we have no reliable index of the changes which are to come. We may notice as facts which give no definite conclusion to this question—that the Castleton Medical College (Vt.) has given up its present Spring course, on account of our civil troubles, while the Medical College of Ohio is about to commence an Extra Regular Course, to meet the wants of the army.

WE commence publishing in this number the official transactions of the N. Y. Pathological Society. No society is attended more profitably than this by the practitioner, for none is so devoted to the discussion of practical questions. These transactions are always of interest, and will now, we believe, prove doubly interesting under the supervision of the committee of publication, which is composed of the following members:—DRS. CLARK, KRACKOWIZER, POST, and SPRADY.

Correspondence.

ENGLISH PHYSICIANS ON TYPHOID FEVER.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The death of Prince Albert, which, according to the *London Medical Times and Gazette*, was caused by typhoid fever, has given rise to a renewal of the discussion concerning the first recognition of this disease as a distinct affection from typhus fever. In questions of priority in medical discoveries, English physicians have more than once assumed the credit which belonged to American observers, and have sometimes even appeared to consider our claims as scarcely entitled to a candid examination.

In the *Journal* above referred to, Dec., 1861, p. 670, there is a communication from Dr. A. P. Stewart, containing the following words: "My investigations were made from 1836 to 1839, and were followed up by the publication of my conclusions, first at two meetings of the Parisian Medical Society, in April, 1840, and then in the *Edinburgh Medical and Surgical Journal* for October in the same year. What influence that paper may have had in the formation of medical opinion in Europe and America, on the subject now attracting such universal attention, during the nine years that elapsed before the appearance of Dr. Jenner's well known papers, I leave to the decision of others, who are probably better informed on this subject than myself."

That Dr. Stewart should assume his paper to have had any special influence, beyond that which it acquired as corroborating previous conclusions, is singular, inasmuch as two months before its presentation a memoir was read in the same society, by Dr. N. C. Barlow, which covers nearly the whole ground (*Lancet*, Feb. 29, 1840). But to neither of these gentlemen belongs the honor which one of them appears to attribute to himself. The distinctive peculiarities of typhus and typhoid fever were determined by Drs. Gerhard and Pennock, of Philadelphia, who published an account of them in the *American Journal of Medical Sciences*, for Feb. and Aug., 1837. These papers were republished in the *Dublin Journal of Medical Science*, Sept., 1837,

p. 148, etc., analysed in the *Medico-Chirurgical Review* for Oct., 1837, p. 553, and translated in *l'Expérience*, a Parisian Journal, in 1838. Consequently they must be presumed to have been well known to Dr. Stewart and all other physicians.

The writer of the present communication, having observed the typhus epidemic in the Blockley Hospital, described by the physicians just named, afterwards made a special study of typhoid fever in the wards of M. Louis, in Paris, and had opportunities of observing typhus, with Vulpes in Naples, Tweedie in London, Alison in Edinburgh, and Graves in Dublin. The results of these observations were contained in a paper, of which Valleix speaks as follows: "In an unpublished memoir of Dr. Stille, an *interne* of Dr. Gerhard, during the prevalence of the epidemic of Philadelphia, which was read before the Medical Society of Observation (September 14 and 28, 1838), and which we have before us, the two diseases are compared, symptom by symptom, and lesion by lesion; and apart from the phenomena of fever, common to all febrile affections, the opposite of what is observed in the one is sure to be presented in the other." (*Archives Gén.*, Feb., 1839, p. 213.) M. Valleix concludes his essay with the following among other inferences: "English and American typhus is a different disease from typhoid fever." A few months later, the same physician published (*Archives Gén.*, Oct., 1839, pp. 129 and 265) an analysis of thirteen cases of typhus, observed in London by Dr. G. C. Shattuck, of Boston, which fully confirmed the conclusion just stated. A paper, founded on the same cases, was afterwards printed in this country, by Dr. Shattuck (*Phila. Med. Exam.*, Feb., 1840, p. 133). It was after the whole of these publications that Dr. Barlow and also Dr. Stewart communicated their observations to the Parisian Medical Society. The apparent want of candor in the paragraph which we have quoted from the *Times and Gazette*, is therefore, for its author's sake, very much to be regretted; the more so, indeed, as some of his own countrymen, Drs. Murchison and Jenner, for instance, have discussed the subject in a more generous spirit.

It argues but little for the sagacity of Englishmen, pursuing medical studies at Paris, that for so many years after the publication of Louis's work on typhoid fever, they should have remained blind to the striking differences between this affection and typhus, their ordinary endemic fever; singular that it should have been reserved for a foreigner, and he an American, to furnish the contemporary English medical profession with the first demonstration of their differences; and most singular that they should have persisted in their wilful blindness, although they possessed, in a work as old as Huxam's, a clear description of "slow nervous fever," on the one hand, and of "putrid malignant fever" upon the other. Whoever has observed the *vis inertiae* opposed by some of their own countrymen to the recent demonstrations of Jenner, Murchison, and other enlightened pathologists, will feel no surprise that even now an article occasionally appears in their journals betraying a singular hankering after the old confusion and obscurity which reigned so long in English pyretology.

A. S.

AN EXPLANATION.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I received a few days ago from Dr. Daniel H. Tuke, a reclamation relating to the memoir which appeared in the *MEDICAL TIMES*, on Moral Insanity. Here follows the extract from the letter containing it. ". . . You will, I am sure, allow me to correct an error into which you have fallen; I do share Ray's and Hoffbauer's opinions most heartily, and quoted them because I approved of them. By 'unqualified' I mean simply that Hoffbauer's judgment was so decided that he does not qualify his statement by any exception or doubt. I never supposed the word would be understood in an unfavorable sense. I conclude you sup-

posed I intended to convey the idea of *unjustifiable* assertion. Had I read your remarks a few weeks earlier, I should have been able to make the statement clearer, as the second edition was passing through the press; now, however, I must wait till another edition (should it ever be called for), when I will make use of an expression which cannot be misunderstood. Should you have an opportunity of explaining this misapprehension among your medical friends, I should be obliged.

Now, dear Sir, I most readily acknowledge my error, since my honorable correspondent has explained the sense of that word; before that, puzzled to understand its signification in Dr. Tuke's sentence, I had recourse to Todd's and Johnson's Dictionary, and found that it meant "not fit: divested of qualification." How could I, unaware of the new sense, find that it might signify just the reverse of what Dr. Johnson says, namely,—not wanting any qualification. If it is my own fault, by inaccurate knowledge of the English, with which I hope to become more familiar, I find my excuse in saying, that in such an important work as the *Manual of Psychological Medicine*, which I consider as a standard work, not too much care can be taken in its close examination.

Yours, etc.,

I. PARIGOT, M.D.

SING SING, February 10, 1862.

VETERINARY SURGEONS IN THE ARMY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—It has occurred to me, in connexion with the army, that perhaps a few remarks on the subject of Veterinary Surgeons might be of use to some of the numerous readers of your valuable journal. I have for many years been impressed with the idea that this country is peculiarly fitted for the development of that arm of the military service called cavalry. The extent of surface to be protected by an army, the varied uses that this branch of the service can be put to, together with the absolute necessity that there exists in civil life for the cultivation and development of the noble animal, the horse; these are some of the considerations which have long induced me to feel an interest in the care and protection of this animal. It is well known that the governments of Europe (England, France, and Germany especially) pay particular attention by legal enactments and public contributions to these subjects. Rome, it is said, although long desiring it, did not succeed in conquering Carthage until she had acquired a superiority over the latter in cavalry. It will be remembered also, that the horse is a very delicately constituted animal, and in his higher developments demands almost as much care and protection from the elements as man himself.

The cavalry arm of the service has, until lately, it seems, not been a favorite arm with our generals. The present rebellion has developed more forcibly than ever before the absolute necessity of a large cavalry force.

I have watched with some degree of interest (having been connected with the cavalry in the army), the character, wants, and advantages of this military power. The first thing which has attracted my attention is the want of size in the American horse. As seen in the volunteer service he is deficient in breadth of beam; in other words, he lacks bone and muscle. He is better calculated for speed and light service than for the heavy drudgery of the dragoon or cavalry duty, and especially for artillery service. Of course the strongest and best horse found among us is the Morgan horse, and the best animals for the service doubtless come from this stock; but a large percentage of our horses, are Messenger, and similar breeds, which combine grace with speed, without a great deal of strength. The splendid cavalry horses found among the Guards of the thrones of England, France, Germany, and Russia, are doubtless the result of long and intelligent training and breeding sustained by bountiful governmental patronage. Napoleon seemed to be fully alive to the importance of this subject, and his Hurras remain to this day scattered

* Page 179 of the *Manual of Psychological Medicine*, by J. C. Bucknill and D. H. Tuke. London: 1858.

through France, in testimony of his wisdom and foresight. This is my first observation in reference to my subject.

My second course of remarks has reference to the condition of our horses when first brought into the army, and for some time afterwards. These horses are generally young, some of them not fully grown, and are in good order. Many of them have not had the ordinary colic's disease, the distemper, or any of the common affections of the youthful horse. The consequence is, that when brought in contact with so many others, these soon contract the distemper, and require immediately proper care and attention to carry them safely through the disease. I have seen young horses, otherwise well organized, with good points, absolutely rot, exposed to the weather, without proper feed or any medical attention in this disease. I have often seen large sloughs under the jaws and about the neck wasting the strength of the horse, merely for the want of opening the abscesses when formed. I have seen curable cases of glanders allowed to run on to a fatal termination without care or attention. I have seen slight injuries of the fetlocks and other joints allowed to continue until very valuable horses were perfectly worthless. I have seen chronic ophthalmia drag on from week to week, and month to month, ultimately producing blindness, which might have been easily cured by timely medical attention; and finally, I have seen horses by the hundred, suffer from colds, bowel affections, and starvation, for the want of a very little care at the proper time and in the proper direction. These horses cost the government one hundred and twenty-five dollars apiece. The loss therefore of but few of them would pay an ample salary to a well educated veterinary surgeon to every regiment in the service. I am convinced that the government would have saved in the single regiment to which I have been attached, in the five or six months of its existence, at least four times the annual salary of a good veterinary surgeon, if such an officer had been attached to it. The veterinary officers are denominated by the "Regulations," farriers, one of whom is assigned to each company in a regiment. From personal observation I should say positively that these farriers are totally incompetent to the duties of taking care of the health of the horse. This is so obvious to some of the commanders that the presumptuous pretenders are unceremoniously dismissed from the service by them. A good veterinary surgeon, well educated, in each regiment, with power to nominate his assistants in each company, is, in my opinion, an absolute necessity. The efficiency and reliability of this arm of the service demand it. Economy in public expenditure demands it; and common humanity for the welfare of this noble but much abused servant of man, cries aloud for at least this much protection against the ignorance and brutalities of charlatans and pretenders to veterinary science. You see, Mr. Editor, that I have reached my subject at last, and I must say that I cannot explain the unaccountable apathy exhibited by both the government and the people on this subject. Pennsylvania led the way in giving a charter for a veterinary college some seven years ago. Massachusetts, Ohio, and New York have followed her example, and have chartered similar institutions. The general government had perhaps better take it up itself, and establish a college in Washington for the education of veterinary surgeons. Be this as it may, if the proper laws were passed, like those of Europe, recognising and properly remunerating such a body of men as veterinary surgeons, they would soon come into existence. I have been informed from reliable authority, that ten per cent. of the live stock of this great agricultural country is annually lost to its owners for want of proper medical attention and advice. This is not the time or place to examine the bearings of this question in their relations to the other interests of the community; but it is a well established fact among those who have examined the matter, that nothing of equal importance is so much neglected in this country as veterinary science, and I may add, from known facts, that the facilities for its cultivation are almost unlimited. In refer-

ence to the army itself, the government should look after not only the ordinary causes of diseases and loss, but the proper training of its cavalry.

Respectfully yours,

JAMES BRYAN,

Late Surgeon to "Cameron Dragoons," Pa. Vols.

RICHARDSON'S BRIGADE MEDICAL CLUB.

Head Quarters, 37th N. Y. I., RICHARDSON'S BRIGADE,
CAMP MIGHTOAN, NEAR ALEXANDRIA, VA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I am happy to be able to inform you that the medical officers of this brigade have organized a Medical Club, for the purpose of discussing interesting subjects connected especially with military hygiene and surgery.

The society has already existed for more than a month, and meets once a week, in rotation, at the quarters of the regimental surgeons; the discussions are carried on conversationally, the only formality observed being the appointment of a chairman at each meeting, the secretary being permanent. A social reunion closes the proceedings of the evening. The constitution, which is very simple, admits to membership, first, the surgeons and assistant surgeons of the brigade, ex officio; and second, graduates or students connected with the hospitals or ambulances. The subjects already under discussion have been: The position of the medical staff and their attendants, ambulances, etc., during engagements; their duties at the same time; primary or secondary amputations; conservative surgery, including resections, etc., etc. In addition to the value of such discussions, another advantage to be derived from frequent intercourse is the greater degree of intimacy which ought to exist between medical men, who are to act in concert during the trying ordeal of a murderous conflict, and the knowledge of individual characters, their excellences and peculiarities, so necessary to brigade surgeons and medical directors, who would be otherwise ignorant of the *strong points* of those under their command. To Dr. D. W. Bliss, our brigade surgeon, we are indebted for this useful combination of the medical men of the brigade. It remains with ourselves to profit by its manifest advantages.

ABSTRACT OF QUARTERLY REPORT OF SICK AND WOUNDED FOR THE QUARTER ENDING DEC. 31, 1851.

Fevers.—Febris continua communis 21, intermittens quotidiana 34, intermittens tertiana 3, remittens 6, typhoides 19; death 1, in general hospital. Ephemeral cases of this class, mixed and undetermined, 96. Total 179, death 1.

Diseases of the Organs connected with the Digestive System.—Colica 4, constipatio 116, diarrhoea acuta 140, dysentery acuta 15 (very mild and differing little from diarrhoea), dysentery chronica 1, gastritis (subacute) 3, gastro-enteritis 1; death 1, in general hospital. Tonsillitis 2. All other diseases of this class 8. Total 290, death 1.

Diseases of the Respiratory System.—Bronchitis acuta 41, Catarrhus 156, laryngitis 1, phthisis pulmonalis 3 (discharged), pleuritis 2, pneumonia 2, other diseases of this class 24. Total 229.

Brain and Nervous System.—Neuralgia (miasmatic) 10, tic douloureux 2. Total 12.

Urinary and Genital Organs and Venereal Affections.—Bubo syphiliticum 2, orchitis (from contusion) 1, gonorrhoea 1, syphilis primitiva 2, syphilis consecutiva 1. Total 7.

Fibrous and Muscular Structures.—Lumbago 3, rheumatismus acutus (muscular) 13, other diseases of this class 1. Total 17.

Abscesses and Ulcers.—Abscessus (trifling) 4, fistula in ano (cured by operation) 1, paronychia 1, phlegmon 2, ulcers (trifling) 5, other diseases of this class 6. Total 19.

Wounds and Injuries.—Ambustio 1, contusio 1, hernia 2 (1 discharged, the other ordered "to wait for further orders with his regiment." He is, however, in constant danger, as I have no proper trusses to meet his case, those I have

being all of one size, and so large as to be utterly unfit for ordinary mortals); subluxatio 22, vulnus incisum 3, vulnus contusum vel laceratum 4, vulnus sclopeticum 1, other diseases of this class 1. Total 37.

Diseases of the Eye.—Conjunctivitis 2, other diseases of this class 7. Total 9.

All other Diseases. Debilitas 18, ebrietas 2, hæmorrhoids (mild cases) 5, prolapsus ani and hæmorrhoids 1 (discharged), morbi cutis 12, odontalgia 6, scrofula 1, morbi varii 6. Total 51.

Total taken sick during quarter 851, deaths 2.

General Observations.—First, with respect to fevers. These were generally simple continued fevers, owing to functional derangements consequent on exposure and indiscretion. Occasionally, in weak or scrofulous subjects, they assumed a typhoid character, but of genuine typhoid (enteric) fever, such as I have been accustomed to see in the New York hospitals, I have not had a single case in my regimental hospital. Two patients, sent to the general hospital, were said to have died of typhoid fever, but one, I know, had gastro-enteritis in camp from over free indulgence. He was also reported to have had diphtheria, and died, no doubt, with typhoid symptoms. The treatment consisted of nourishment and stimulants. The most numerous and obstinate diseases of this class were miasmatic, owing to the unhealthy location of one or two of our camps, especially near Fort Albany, within sight, smell, and taste of all the pestiferous exhalations emanating from the swamps and slaughter houses on the Virginia side of the Potomac, extending from the Long Bridge to Alexandria. But a barrel of quinine bitters received from the Sanitary Association kept the regiment on its legs, and brought down the sick list from seventy to twenty-five in a few days, at a time, too, when the poison assumes its deadliest malignity. Here quinine and whiskey were not only the cure, but the prophylactic; emetics and cathartics were generally used in the commencement of treatment.

With regard to the prophylactic powers of quinine, which I have heard some to doubt and even deny, I must say that I am firmly convinced of its great power as such, having had the most unmistakable evidence of the fact, after extensive use and trial, not only at the time above alluded to, but on other occasions, when the regiment was exposed to miasma. My experience may be summed up briefly thus: It cures almost all miasmatic diseases; it renders mild, and in a great measure abortive, what would be otherwise a determined case of miasma; it prevents miasma, when used as a prophylactic.

So far, I have not seen a genuine case of articular rheumatism; in fact, I have seen nothing appertaining to it but local muscular pains, produced by exposure to damp, while the soldier lay fatigued on the ground.

A case of fistula in ano was cured permanently by operation, the patient reporting himself for duty in a few weeks.

A case of incipient hernia was treated by rest and counter-irritation of the inguinal canal externally, which produced adhesive inflammation there in the most effectual manner.

The average mean strength of the regiment for the quarter was 732, which includes only eight companies, two others being detailed for duty at Fort Washington, Md. It is mainly composed of Irishmen, generally mechanics, clerks, farmers' help, and other laborers. There are about 500 in the regiment whom I have rarely or never seen on the sick list, except when we had them vaccinated at the Battery, New York.

Since the regiment came into service, it has been mainly engaged in the hardest duty, such as picket duty and working on the forts in the neighborhood of Washington. In this way we have had a "hand in" building Forts Albany, Richardson, Erin (on Munson's Hill), Lyon, etc., while our pickets were "bustling" up the enemy on the outposts.

WILLIAM O'MEAGHER, Surgeon.

January 21, 1862.

FOREIGN MEDICAL NOTES.

THE great theme now in Paris is ventilation, and as there is no one question in our science more settled than that pure air is essential in both health and disease, it is strange indeed that the subject has been so much overlooked. And, besides being poorly ventilated, the hospitals are but scantily lighted. The Lariboisière and some others of the newest may be exempted from this fault, but in all the lower wards of hospitals in the "Quartier Latin" the patients are seen through a dingy twilight. "*Lumière si vous plait*" is a common cry from the professor, and up comes the attendant with a tallow candle in his hand (10 A.M.), to throw light perhaps on a case of hospital gangrene! The majority of the professors are, it would seem to me, in favor of this lack of light and air, as their amphitheatres, for instance, can be readily ventilated if they so choose; but no, such are generally as foul as lager-bier saloons in the basement. And as those students who are indigenous appear to relish it quite as well as the professors, all that we foreigners can do is to set it down as *un trait français*, and be resigned. The people in general seem much more fearful of "taking cold" than we do, for every second man in the street has his chin in a comforter, and Malgaigne invariably sits down to lecture wrapped up as though on a snow-bank. On the other hand, during summer weather every one is out of doors as much as Indians are, and almost as sparsely dressed. They seem fond of the two extremes of air to live in—the very putrid or the very pure—the former being met with in the *cafés*, and the latter in the *jardins*, which, as everybody knows, are the two popular resorts of Parisians.

But, bad as the hospitals are at present, they will compare charmingly with what they were. The following extract I take from an ancient report which has fallen into my hands, on the condition of the Hôtel Dieu. It was drawn up before the revolution of '89, and in order not to deprive it wholly of its quaintness in style, I will translate word for word as far as possible:—

"They (committee) have remarked four, five, and nine sick in one bed. They have seen the dead huddled with the living; wards where the passages are narrow, where the air stagnates charged with humid vapors, and where the light penetrates but feebly. The commissioners have seen also the convalescent in the same wards with the sick, the dying put with the dead, and many forced to get naked from bed to the window, winter as in summer, to breathe the exterior air in bridge St. Charles. They have seen for the convalescent a ward in the third story, to which the approach is made by traversing the ward for those taken in small-pox; the ward of the maniacs contiguous to that of the unfortunates who have suffered the most cruel operations, and who cannot hope for repose in the neighborhood of these madmen, whose frenzied cries are heard day and night; in the same ward the contagious maladies with those that are not; women attacked with small-pox put in with those having fevers. The apartment where they trepan, cut for stone, and amputate members, contains equally those being operated upon, those that are to be operated upon, and those that have been already. The operations are made in the middle of the room even, where the patients can well see the horrible preparations, and hear the cries of torment; those whose turn it is the day following, have before them a *tableau* of their future sufferings, and those who have already passed this terrible ordeal, judge how profoundly they ought to be shocked by these cries of pain! These terrors, these emotions are received in the midst of accidents from inflammation or suppuration (*au milieu des accidents de l'inflammation ou de la suppuration*) to the prejudice of recovery and hazard of life. La Salle St. Joseph is consecrated to women *enceintes*, and married or unmarried, sound or diseased, they are there *toutes ensemble*, three or four in this state lying in the same bed, exposed to sleeplessness, to the contagion of tainted bedfellows, and in danger of injuring their infants. The

women *accouchés* are placed four or more in one bed at different epochs of their delivery. The heart grieves at the bare idea of this situation where the poor women mutually infect, and the most part perish or leave languishing. A thousand causes particular and accidental unite each day with causes general and constant of a corrupt air, and force to the conclusion that Hôtel Dieu is the most unhealthy and the most inconvenient of all the hospitals, and that two die out of nine."

No improvements were begun in this hospital till the beginning of this century; but its position must debar it from ever ranking higher, or worthy of further expenditures. The average number of deaths now is one in seven, thus showing considerable amelioration.

M. Davenne, in the Academy of Medicine, accepts the statistics of Malgaigne, which show that the proportion of deaths in ratio with the number operated on surpasses greatly that of the London hospitals; but, while admitting this, M. Davenne is persuaded that as much blame should be attached to *after treatment* as to the bad condition of the hospitals. Better not exculpate the hospitals, M. Davenne, better confess to bad buildings than bad treatment.

M. Renault, Professor of Hippopathology, furnished some interesting facts in support of fresh air for animals. He stated that the Veterinary Hospital at Alfort, previous to 1828, was so miserably ventilated that every operation, even to bleeding, became complicated with accidents of gravity, and for a horse to enter was almost certain death. Since this epoch the buildings have been reconstructed with a view to aeration, and to cure is now the rule. The *infection purulente*, formerly so common, is now extremely rare, especially since it has become the practice to do the dressings by the light of day.

It appears that Professor Traube, of Berlin, has found in another case of aneurism in the aortic arch, by means of the laryngoscope, the condition of the larynx as follows:—Moderate congestion of mucous membrane of epiglottis, of arytenoid cartilages, and of the vocal cords. The glottis larger than normal. On the patient pronouncing the letter *e*, the left vocal cord rested immovable, while that on the right approached slower to the median line than natural. Movements of arytenoid cartilages similarly modified. Besides, the glottis did not sensibly enlarge during deep respiration.

CYGNET.

January 15, 1862.

Medical News.

SANFORD HALL, FLUSHING, LONG ISLAND, N. Y.—Since the recent death of Allan Macdonald, Esq., one of the proprietors of this Establishment, the following brief statement to its patrons and friends, of its present condition and prospects, has been made. The seventeen years of prosperity and usefulness which the Institution has enjoyed under the direct control of its founder, Dr. James Macdonald, and, since his death, under that of his brother, the late Mr. Allan Macdonald, furnish the best proof that the original plan of the Establishment was wise in its conception, and has been prosecuted with fidelity and success. This plan, it need hardly be added, it is the aim of the proprietors to pursue and to perfect. Mrs. Dr. Macdonald will remain personally identified with the Institution, as the representative of the interests and the aims of her honored husband. Dr. J. W. Barstow, having removed his family to the Hall, will continue, as heretofore, the Resident Physician. Dr. Benjamin Ogden of New York, whose long experience in the treatment of mental disease is well known, will also retain his connexion with the Institution, as Consulting Physician; visiting the patients regularly twice every week, or more frequently if desired. It is believed that the personal superintendence above indicated, and the management of the Institution will continue to secure the advantages which it has hitherto

offered for the relief and treatment of the diseased mind, will be in all respects undiminished.

SOCIETY OF ARMY SURGEONS AT BALTIMORE.—The Surgeons of this Division convened at the office of the Medical Director of the City of Baltimore, on Wednesday the 12th instant, and proceeded to organize a Society for Improvement in Military Surgery. Surgeon Simpson, of the Regular Army, was called to the chair, and Assistant Surgeon C. C. Lee appointed Secretary. On motion, Surgeons Gilbert, Cox, Read, Gilman, and Taylor, were appointed a committee to draft rules for the regulation of the body, and also to nominate permanent officers for the same. The committee reported the following gentlemen as officers of the Society: For President, Jacob Simpson, United States Army; Vice-President, Brigade Surgeon John McNulty, United States Army; for Secretary, Robert Bartholow, Assistant Surgeon, United States Army. On motion of Brigade-Surgeon Cox, it was resolved that members of the medical corps on duty out of Baltimore, either in this or other divisions, be cordially invited to a participation in the deliberations of the Society, whenever their convenience may allow. On motion the Society was ordered to meet every Wednesday, at the office of the Medical Director of the Division, at 3 p.m. On motion the proceedings were ordered to be published in the city papers.

DEATH OF DR. LUTHER V. BELL.—We regret to hear the death of Dr. Bell, late a Brigade Surgeon in Gen. Hooker's division. Dr. Bell has long occupied a prominent position among the students of Psychological Medicine in this country. He was for many years the Resident Physician of the McLean Asylum, Mass., and at one time the President of the Association of Physicians of Lunatic Asylums. He was also an author of considerable celebrity. On the breaking out of the rebellion he joined a Massachusetts regiment as surgeon, was at the battle of Bull Run, and subsequently received the appointment of Brigade Surgeon.

PARALYSIS FROM THE VIPER'S BITE.—Dr. Guyon has sent in an interesting communication on the effects of the sting of a horned viper (*Cerastes Aegyptiacus*), on an Arab of the oasis of Laghouat, one hundred and twenty leagues south of Algiers. After the lapse of a month, during which the wound had healed, the patient was attacked with paralysis on the side opposite that where the sting had been inflicted. The author quotes several instances of this curious fact of paralysis ensuing after the bite of a reptile, and on the side opposite to that which had received the wound.—*Lancet*.

DROWNING AND SUICIDE.—Since July, 1861, the number of cases which have come under the cognizance of the Royal Humane Society, in which the lives of one or more persons were imperilled, was 146; of these 128 persons were successfully treated, but 18 were beyond recovery. There had been 13 cases of attempted suicide. The number of Hyde-Park cases had been 19, of which 17 had been successfully treated by the officers of the Society, but 2 were found drowned. The number of cases of attempted suicide was 4.—*Lancet*.

MODEL REGISTRATION.—In the town of Bridgeport, Ct., the annual mortality for 1861 is reported as 257; 62 of the deaths (more than one-fourth of the whole) are registered under the head of "*unknown causes*." It is proper to state that the Registrar is not a medical officer, and also that the various cemeteries are not under the control of the municipal authorities.

ROYAL FREE HOSPITAL.—The Corporation of the City of London have voted the sum of two hundred guineas as a donation to the funds of this hospital.—*Lancet*.

DR. LALLEMAND, Professor of the Military Hospital of Val-de-Grâce, well known as the author of several scientific works, is appointed Chief Physician to the Army about to proceed to Mexico.—*Lancet*.

DR. GEO. C. BLACKMAN, of Cincinnati, resigned his position as Brigade Surgeon early in January, in order to attend to college duties.

ERRATUM.—In the third line of last paragraph of Dr. Horr's paper in the No. for Feb. 8, the word "report" occurs, where the word "repeat" was written.

PUBLICATIONS RECEIVED.

Notes on the Surgery of the War of the Crimea, with Remarks on Gun-shot Wounds. By George H. B. Macleod, M.D., F.R.C.S. Philadelphia: J. B. Lippincott & Co., 1862.

Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands. By G. J. Guthrie, F.R.S. Sixth edition. Philadelphia: J. B. Lippincott & Co., 1862.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 10th day of February to the 17th day of February, 1862.

Deaths.—Men, 84; women, 101; boys, 110; girls, 108—total, 403. Adults, 185; children, 218; males, 194; females, 209; colored, 12. Infants under two years of age, 138. Children reported of native parents, 28; foreign, 150.

Among the causes of death we notice:—Apoplexy, 15; Infantile convulsions, 26; croup, 8; diphtheria, 11; scarlet fever, 28; typhus and typhoid fever, 8; cholera infantum, 0; cholera morbus, 0; consumption, 78; small-pox, 11; dropsy of head, 19; infantile marasmus, 16; diarrhoea and dysentery, 5; inflammation of brain, 7; of bowels, 10; of lungs, 18; bronchitis, 8; congestion of brain, 9; of lungs, 0; erysipelas, 5; whooping cough, 4; measles, 5. 216 deaths occurred from acute disease, and 29 from violent causes. 280 were native, and 123 foreign; of whom 75 came from Ireland; 4 died in the Immigrant Institution, and 49 in the City Charities; of whom 16 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Feb. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity, 1000 feet, 1000
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	.	.	.	.	.
9th.	30.00	.10	28	21	35	5	9		2	681
10th.	30.10	.11	29	15	30	6	9	N.W.	.07	500
11th.	29.77	.30	32	32	40	4	6	N.	5	799
12th.	29.78	.11	33	38	48	6	9	N.W.	.06	661
13th.	29.96	.21	35	39	40	6	9	W.	4	650
14th.	29.81	.17	31	27	42	5	8	W.	7	670
15th.	29.99	.07	28	18	25	8	4.5	N.E.	9.5	770

REMARKS.—9th, Variable sky A.M. 10th, Wind fresh; very light snow, evening. 11th, Cloudy P.M. 12th and 13th, Very mild, and clear weather. 14th, Fog A.M. with very light rain; cloudy A.M.; variable P.M. 15th, A snow storm commenced at noon, lasting six hours; three inches on a level; melted 0-17 inch.

MEDICAL DIARY OF THE WEEK.

Monday, Feb. 24.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M.
Tuesday, Feb. 25.	{ NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, Feb. 26.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1a. Hoa., half-past 1 P.M. EYE INFIRMARY, 12 M. PATHOLOGICAL SOCIETY, half-past 7 P.M.
Thursday, Feb. 27.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, Feb. 28.	{ NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, 12 M. Dr. Noyes's Lecture, half-past 1 P.M. SURGICAL SECTION, Dr. Wood's, 2 Irving Pl.
Saturday, March 1.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICE.

SURGICAL SECTION.—This Section will meet next Friday evening, at the house of the Chairman, Dr. James R. Wood: *Subject, TRACHEOTOMY, &c.*

To Physicians.—Jerome C. Smith,

M.D., late of McLean Asylum, near Boston, is prepared to receive into his house, 107 East 89th St., a limited number of Epileptics or Nervous Invalids for care and treatment. He can give them superior accommodations, and command the services of the most approved nurses.

References.—D. Tilden Brown, M.D., Supt. Bloomingdale Asylum, Manhattanville, N. Y. Edward R. Chapin, M.D., Supt. Kings Co. Lunatic Asylum, Flatbush, L. I. Moses H. Ranney, M.D., Supt. N. Y. City Lunatic Asylum, Blackwell's Island. John E. Tyler, M.D., Supt. McLean Asylum, Somerville, Mass. Rev. Wm. Adams, D.D., No. 8 East 24th St.

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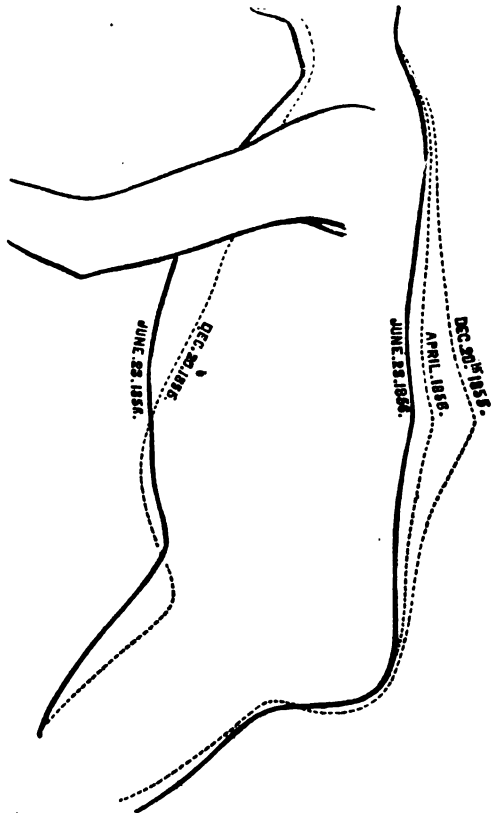
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LECTURE IV.—PART II.

IODINE AND ITS COMPOUNDS.

IN the treatment with external applications of iodine, the success will depend upon the method in which it is applied, as well as in the preparation made use of. For ordinary application to adults both the tincture and the compound tincture are too weak in iodine, and I am in the habit of preparing a compound tincture in preference to a simple tincture, as the iodide of potassium makes the iodine more-soluble not only in the alcohol, but by the absorbents of the skin. The official formula directs that half an ounce of iodine, and one ounce of iodide of potassium, be dissolved in one pint of alcohol; but for external use this contains an unnecessarily large proportion of iodide of potassium, and much too small a quantity of iodine. The preparation I usually use is made by dissolving half an ounce of iodide of potassium, and an ounce and a half of iodine, in a pint of alcohol of about eighty-six per cent. If but a mild effect is wished, one application of this with a camel's hair pencil over the surface will be sufficient; but in many instances it will be necessary to renew it two or three times, merely waiting until the previous application is dry, and this may be repeated at first twice in twenty-four hours, afterwards, once a day or once in two days as required, but often enough to produce free and frequent exfoliation of the skin. If but one application of the iodine is needed, or if the application is made at long intervals, I usually apply over the spot painted by the tincture a good coating of iodinal collodion, made after the following formula:—Take of iodine, two drachms; Canada balsam, one drachm; collodion, four ounces; dissolve first the iodine, then the Canada balsam in the collodion. The cork of the bottle should be perforated by a peg of wood, to which a camel's hair brush should be attached. Some persons use this collodion without any previous application of the tincture, but I think a better effect is produced by applying the tincture first and then coating it with collodion. By this means the pores of the skin are not immediately closed, and the iodine exerts a more energetic effect, and the evaporation of the iodine is to some extent prevented by the outer covering of collodion. The balsam is added to prevent its cracking. But if a daily application of iodine is needed it is not well to paint it over with the iodinal collodion, because so long as the collodion remains it will prevent the action of the next application of iodine on the skin. In cases of synovitis, tonsillitis, etc., it is better to use the compound tincture I have mentioned, and then cover the spot with a piece of oiled silk, and cover the silk with a bat of cotton. I am satisfied I have discussed many a non-syphilitic bubo by this means, and quickly relieved cases of synovitis. In the photophobia scrofulosa of which I have spoken, I generally if possible apply my compound tincture over the brow until it is of a dark color; two successive applications will generally be sufficient, but sometimes I apply a third, waiting a minute or two for the second to dry: over this spot I then apply a piece of oiled silk, and over this a bat of cotton, the whole being kept in place by two or three strips of isinglass plaster. There will be a burning pain for a short time, but it soon subsides, and this pain may be to a great extent prevented by smearing the spot slightly with castor oil before applying the oiled silk. The same plan may be

adopted over the tonsils, behind the ear, or any spot where it is difficult to keep the oiled silk on.

Of late years, glycerine has been added to the compound tincture of iodine, to prevent its drying so quickly, when used as an external application, and in some instances is very beneficial, especially where it is desired to cover the part with oiled silk. From one to two drachms of glycerine may be added to an ounce of the compound tincture. It is more serviceable when applied the last time, just before covering it with the silk.

For external application, an iodine ointment, and a compound ointment of iodine, are frequently made use of.

For the iodine ointment, the U. S. Dispensatory directs twenty grains of iodine and four grains of iodide of potassium to be properly incorporated with one ounce of lard. For the compound iodine ointment, fifteen grains of iodine and thirty grains of iodide of potassium are incorporated with an ounce of lard. An ointment of iodide of potassium is made in the same way, by dissolving a drachm of the salt in the same quantity of boiling water, and incorporating it with an ounce of lard; but I have been in the habit of using, in the place of these, the following formula, which, I think, possesses advantages over those just mentioned, for the following reasons:—the compounds thus prepared are more easily made, and on account of their solubility are more thoroughly incorporated, and keep better, and crystallization of the iodine and iodides is prevented:—

Iodine Ointment.—Take of iodine, two scruples; iodide of potassium, eight grains; glycerine, four drachms; lard, twelve drachms. Rub first the iodine and iodide to a powder, then add the glycerine, and when the solution is complete, add the lard.

Compound Iodine Ointment.—Take of iodine, half a drachm; iodide of potassium, one drachm; glycerine, four drachms; lard, twelve drachms. Rub the iodide and iodine to powder, then add the glycerine; and when the solution is complete, add the lard.

Iodide of Potassium Ointment.—Iodide of potassium, two drachms; glycerine, four drachms; lard, twelve drachms. Rub the iodide to powder, dissolve in the glycerine, and add the lard.

These ointments are chiefly used for friction, over enlarged glands, as dressings for indolent scrofulous ulcers, and as applications to scrofulous diseases of the skin and scalp.

In scrofulous affections of the lungs and air passages, inhalations of iodine have been recommended, and for this purpose iodine has been incorporated in pastilles and burnt. I have never used it in inhalation for this purpose; but in the chronic catarrhal affection of the nasal mucous membrane and pharynx, I have found a few drops of a solution of iodine in ether, dropped on a hot plate, and the vapor inhaled, of frequent advantage.

The general external application of iodine, by means of baths, was first recommended by Dr. Lugol, who used the baths very extensively, and considered them very valuable in the treatment of scrofulous complaints, where the digestive organs were deranged. To prepare the bath, from four to eight drachms of iodide of potassium are dissolved in a pint of water, and from two to four drachms of iodide added; this is mixed with sufficient water for a bath, in a wooden bath tub, and the baths are used every other day. For a time after the bath the skin is colored, but the color soon disappears, unless the baths are frequently repeated, when the color becomes more permanent, and only disappears with the desquamation of the cuticle. Local baths of this description may be also applied to one or both feet, or to the arms, in cases of local diseases of the skin.

Iodine, when taken *internally*, has, more than any other remedy, the power of counteracting the poison of scrofula. This disease, which is so common, and which exists not only in individuals but in whole families, becoming hereditary through many generations, is more easily controlled or palliated since the introduction of the use of iodine and its compounds, than it was previous to that time. It undoubtedly exerts a better influence upon those cases of

strumous disease, which seem to be generated by errors of diet or habitation, than in those who have inherited the diathesis through many generations of the same family. In the former cases we not only occasionally, but generally, see a marked improvement in the health of the individual, by proper doses of the compound tincture of iodine, or the iodide of iron, even where the diet and habitation are unchanged; but the benefit is rapid and almost daily perceptible, when in addition to the administration of the iodides, a proper diet, habitation, and clothing are enjoined. The hereditary cases are very intractable, and difficult of cure; but the poison in the system of the individual is generally much palliated by the treatment with iodine, which prevents it from destroying the life, or appearing to any great degree in the system of the individual, though it may not eradicate the poison, and prevent its appearance in the next generation.

There is a marked difference in the features of the disease in these two instances; the former is nearly always associated with anæmia, and requires restorative as well as catalytic remedies; the latter is complicated with nervous derangements and an enfeebled power of assimilation, which requires a combined treatment of stimulants or sedatives, with the catalytic. In the former cases, the iodine, in combination with iron, quinia, and cod liver oil, is more efficacious; in the latter, the iodine, in combination with ammonia or potash, with the addition of strychnia, wine, hydrocyanic acid, or hyoscyamus, will be found more beneficial. The scrofulous diseases of children are, as a rule, more quickly and surely benefited by the iodides than these diseases in older persons. Independent of the quicker assimilation and metamorphosis of tissue in children than in adults, we should look for this effect from the known action of iodine. When taken for some time, iodine, like antimony, mercury, and arsenic, has the effect of diminishing the amount of fibrine, and of impoverishing the blood, thus producing a rapid alteration in the composition of that fluid, and necessarily through that, of the solid structures also. All the remedies of this class which we have hitherto brought to your notice, promote absorption; this is eminently the case with the one of which we are now speaking. They all also exert a special influence over morbid poisons, by neutralizing them, and causing their disappearance from the system, and thus not only removing the poison, but removing also the abnormal tendencies. We have volumes of testimony as to the great value of iodine in the treatment of scrofulous disorders, and in the hospital practice of many eminent physicians who have used it, we find innumerable cures of glandular swellings and abscesses, of ophthalmic strumous diseases, scrofulous ulcers, skin diseases, and scrofulous affections of the bones. But you will find equally in private practice as in that in hospitals, the necessity of a close attention to the habits and diet of your patients, and you will find there are many whom you cannot induce to practise the necessary ablutions to produce cleanliness of the body. In such instances you will find great advantage in directing a given quantity of the compound tincture of iodine to be put into a basin full of water, and certain parts of the body to be washed each day, so that every two or three days the whole body may be washed over. Cleanliness is indispensable in these diseases; and it has no ill effect to minister to the mind as well as the body. Do not forget that in the treatment of scrofulous diseases, above all others, you need all the assistance you can obtain, from improvements in diet, exercise, cleanliness, and all other means that will tend to promote the general good health of your patient; and do not, when your patient is well from the effects of all these combined, in addition to the iodides you have been giving, say, as several thoughtless persons have said, that they would have been equally well without the iodine. I have seen such cases tested, with and without the iodine, and the improvement under the treatment with the iodides was most plainly marked. But do not imagine that you will cure, or even palliate, all diseases of a stru-

mous character with the iodides; for there are many that will resist your best skill and efforts.

Iodine was first used in treatment of *goitre* or *bronchocèle*, and there is no remedy now known so efficacious as this. Boyle reports three hundred and sixty-four cases treated with iodine, out of which two hundred and seventy-four were cured, in these instances approaching nearer to the character of a specific than any other remedy with which we are acquainted.

In *Phthisis*, from its analogy to scrofula, it was for some time hoped that iodine would be equally efficacious as in scrofulous disorders; but it is now acknowledged that iodine possesses no power of arresting tuberculous deposits in the lungs.

Syphilis.—For this affection the iodide of potassium is most generally used, but is confined to the latter symptoms, being of little service in the primary affection. In pericostosis and eruptions of the skin, with nodes, and rheumatic pains accompanying this disorder, five or six grains of iodide of potassium administered three times a day, will most generally give relief; and where it fails, the red iodide of mercury, combined with smaller doses of the iodide of potassium, will frequently effect a cure. I need not refer again at any length to these syphilitic disorders, as I spoke of their treatment quite fully under the subject of Mercury.

Rheumatism.—The iodide of potassium is frequently used in the treatment of both the acute and chronic forms of this disease, but its chief value in this disorder is in the rheumatic pains which constitute one of the chief features of tertiary syphilis. In other forms of rheumatism it is quite uncertain, though it is frequently used, and sometimes with benefit in the acute disorder; in these instances it is usually administered in large doses freely diluted with water, and I think the effect is as much attributable to the potash as to the iodine.

We find, then, the chief internal use of iodine and the iodides to be, to counteract scrofulous diseases, and tertiary syphilitic disorders. Iodine has been used as an injection in *spina bifida*, curing, under the observation of one gentleman, five cases out of twelve. It has been frequently also employed as an injection in hydrocele.

Administration.—Iodine is probably never administered in the solid state, and it is but seldom used internally in the form of simple tincture. It is nearly always administered in combination with either iodide of potassium, ammonium, or sodium, as with these preparations it is soluble in water. The favorite preparations for the internal exhibition of iodine, are the compound tincture of iodine and the compound solution of iodine. The compound tincture is prepared by dissolving half an ounce of iodine, and an ounce of iodide of potassium, in a pint of alcohol. The compound solution is stronger, and contains six drachms of iodine, and an ounce and a half of iodide of potassium, in a pint of water. This is generally called "Lugol's Solution." The dose of this latter is from five to twenty drops in a glass of sweetened water; the former preparation may be given in a third larger doses. Unless largely diluted it should not be given upon an empty stomach. There are many persons who object to giving any of the preparations of iodine after eating any substances containing starchy matters, and as starch is so constant an element of our food, they recommend that it should always be given some time before eating, otherwise the iodine will be decomposed by the starch; but this is all theoretical, as we will prove to you by-and-by. Although when given in large doses portions of undecomposed iodide of starch do occasionally pass with the feces, such is but seldom the case when given in small quantities, even though administered with amylaceous food. If the stomach is in an irritable condition, it is necessary to dilute all the preparations quite freely, or their topical action may increase the difficulty, and in these cases it is better to administer it immediately after a meal. Of the preparations of iodine for external use I have spoken before; of the compounds for internal administration I treat at our next lec-

ture. Iodine is incompatible with all the alkaloids, and precipitates them from their solution.

In Poisonous Doses.—I cannot speak of the effects of Iodine in poisonous doses from my own observation, for I have never seen a case, and from its disagreeable taste it is hardly probable that any person would attempt to poison another with it. There are but few cases of poisoning with iodine to be found in the works on Poisons. If a large or poisonous dose were taken, it would produce a sense of heat and constriction in the throat, a feeling of oppression, with nausea, eructations, and pain in the epigastrium, with vomiting, colicky pains, and other symptoms of gastro-enteritis.

The Treatment would consist in giving starch or flour mixed with warm water, and emetics to promote free vomiting. If a large quantity has been swallowed, it would be better to use the stomach-pump.

Detection of Iodine in the tissues after death, or in the Excretions.—It is not probable that death would take place very quickly after the administration of iodine, unless a very large quantity was taken. If death was caused by the primary effects a small quantity of it would no doubt be found in the stomach; and the mouth, throat, oesophagus, and stomach, would be colored with it, giving demonstrable proofs of its presence; but the color would soon be destroyed by the action of the organic secretions. But if death did not take place until several days after its administration, or if even many hours had elapsed, no iodine would be found in the tissues; and the only evidences of its presence must have been sought for during the life of the individual in the urine and feces. If iodine or the iodides are sought for in the tissues, the parts should be finely divided and macerated in water, to which a small amount of potash in solution may be added, and the whole carefully boiled in a glass or porcelain vessel; the after treatment will be the same as that for the examination of the urine for the same substance.

I have frequently examined the urine of patients who were taking moderate doses of iodide of iron, and have oftentimes been unable to detect the slightest trace of iodine, although the feces were uniformly stained of a dark color by the iron. It is more readily detected where one or two large doses, of two drachms or more, of iodide of potassium or ammonium have been taken, or where it has been taken in moderately full doses of ten to twenty grs. for some time. I have been unable to detect any iodine when the iodide of mercury was taken uncombined with iodide of potassium.

In Examining Urine for Iodine, it may be evaporated by a moderate heat nearly to dryness; this may be digested with alcohol, filtered, and again evaporated; the dry residue treated with warm distilled water and filtered. To a part of this solution, nitric acid in small quantity may be added, and a solution of starch, or starch paper, be put into it; if iodine is present, a blue tint is developed, more or less deep, according to the amount of iodine present. Greater delicacy of reaction may be obtained by adding chlorine water instead of nitric acid, previously neutralizing the alkalinity of the solution with sulphuric acid; but great care is requisite not to add the chlorine in excess, or it will immediately destroy the blue color of the iodide of amylin. To avoid adding the chlorine in excess, it should be largely diluted and added guttatum. I yesterday took, in three doses, at intervals of about two hours, half an ounce of iodide of potassium largely diluted; the urine passed during the time and for some hours subsequent was saved, and treated in the manner I have just given you above. This is the solution from it. You see by the two tests I have just tried, that iodine exists in the excretion in considerable quantities. We will now take another portion of the solution and add to it a solution of nitrate of silver; you see that a yellowish white precipitate of iodide of silver is immediately produced.

To another portion of the solution we will add a solution of the corrosive chloride of mercury; a bright red precipitate is formed, which you perceive again redissolves, owing

to an excess of iodide of potassium. As we add more of the mercury solution the precipitate remains undissolved.

To another portion, we add a solution of the protochloride of palladium, which produces a brownish black precipitate of iodide of palladium. With acetate of lead a yellow precipitate of iodide of lead is produced. If we add to another portion of the solution a small quantity of nitric acid, the solution which was previously colorless shows a yellowish tint, which becomes deeper as we apply heat; this is owing to the formation of nitrate of potash and the liberation of iodine. Tartaric acid occasions a precipitate of cream of tartar, and iodine is liberated, which may be shown by the blue color imparted to starch.

We will try another very delicate test. To a portion of the solution chlorine water is added guttatum, and you see that now a slight discoloring of the solution is observable; we now add more chlorine, and we again have a colorless solution. In the former case, the chlorine united with the alkali and set the iodine free; in the latter, a colorless chloride of iodine is formed. If we add to the solution, while discolored, some ether, and shake the mixture, the ether dissolves the liberated iodine, and floats on the surface, having acquired a reddish yellow color. To a portion of the solution we will add a drop of nitric acid and about six drops of sulphuric acid, to this we will add a little chloroform. You observe, as the chloroform settles in the tube, it assumes the peculiar violet, iodine color. When the iodides exist in considerable quantity in the urine, it may frequently be detected without evaporating the fluid by merely adding to it, when cold, nitric acid and starch, in the manner as directed above; but, as the urine itself has the property of decolorizing iodine, nitric acid must be added in sufficient quantity to cause the separation of the iodine from the organic matters in the urine. If fresh urine be added in sufficient quantity to iodine of starch, it will completely deprive it of its blue color.

(To be continued.)

Original Communications.

ON CERTAIN OF THE ACCIDENTS WHICH MAY FOLLOW VACCINATION.

By HENRY M. LYMAN, M.D.,
HOUSE SURGEON TO BELLEVUE HOSPITAL.

(Continued from page 107.)

THE possibility of communicating the poison of syphilis after the disease has reached its secondary stage, has long been a question agitated by the schools. That the virus of a chancre will take effect even when mingled with lymph from a vaccine vesicle, has been proved by the experiments of French observers. It also seems highly probable, if not actually proved by the result of accidents which have been observed by competent authorities, that whenever the vaccine disease is excited in an individual who is the victim of constitutional syphilis, the products of the inflammatory process, thus excited, may be so modified by the syphilitic saturation of the system, that they may even produce a similar syphilitic condition when transferred, by inoculation, to the tissues of a healthy person. Heine, of Bamberg, relates (*Edinburgh Med. Journal*, 1858-9, p. 605), that thirteen children, born of healthy parents, were vaccinated with lymph taken from the child of a syphilitic mother. This child was at the time covered with bullæ, excoriations, and sores, and soon died. Nine of the children thus vaccinated, were immediately affected with syphilis; phagedenic ulcers were found at the points of inoculation, and glandular swellings, condylomata, etc., followed. In two of the four children who were not affected by syphilis, the vaccination either produced no effect, or the vesicles never matured; and in the other two cases

no result ensued, as the mothers, alarmed by the aspect of the child from which the lymph was taken, had removed the vaccine virus from the arm as soon as they could. The same authority has also recorded the case of three young physicians "who inoculated themselves with vaccine lymph from a syphilitic child, as a foolhardy bravado; and two of them suffered from unmistakable syphilitic sores, etc., in consequence." Viani, an eminent Italian physician, relates a very interesting case of syphilitic poisoning by vaccination, which is recorded in the *Gazetta Med. Lombarda* for 1849 (*Gazette Médicale de Paris*, 1849, p. 874). "N. N., a woman of irreproachable habits, married in Egypt, returned with her husband to Italy, A.D. 1838. After several months, she was delivered of an infant, which at first she nursed herself; but syphilitic ulcerations occurring about her breasts, although she had never supposed herself in any way tainted with this disease, she was obliged to confide the child to the care of a wet-nurse. This nurse, though previously a healthy woman, soon exhibited evident signs of syphilitic disease. The same accident befell a second woman, and then a third, who had been employed to nurse the child. One of these nurses was also suckling another infant, to whom she communicated the disease, producing ulcerations in the mouth, etc., which resulted in its death. Entrusted, at length, to the care of two of its uncles, who surrounded it with every precaution, the child of Mme. N. N. presented no morbid symptom but a slight ophthalmia. It was vaccinated at this time. As small-pox was then prevailing epidemically, many physicians were in the habit of re-vaccinating persons who had been previously vaccinated. The child's uncle and aunt, one twenty-eight years, the other twenty-three years of age, wished to be re-vaccinated, and insisted on inoculation with lymph from the arm of their nephew. The physician (M. Viani), being not then acquainted with the antecedents of the child, complied with their wishes, though with considerable hesitation because of the ophthalmia from which it was then suffering. Everything proceeded as usual till after the time of pustulation, when, at the points of inoculation, were formed hard, rough scabs, surrounded by an areola of a reddish yellow color, different from the normal vaccine scab. The uncle was speedily covered, over the whole body, with a scabby eruption, and the symptoms of constitutional syphilis were soon well marked. * * * The aunt, at first, had ulcerations and condylomata about the vulva and anus. The cervical glands then became inflamed and suppurated. Ophthalmia at length occurred. It was only after five years of the most assiduous treatment that the unfortunate family were restored to health."

There is in this narrative a slight degree of uncertainty with regard to the original source of the syphilitic disease. The child appears to have been the victim of hereditary syphilis, which was of a nature so virulent, that every one who came in contact with its secretions was affected by the disease. It is worthy of note that in this case, as in others yet to be quoted, the vaccine disease appeared to run its course without disturbance, while the disease which was afterwards excited with lymph drawn from this apparently healthy vesicle, was irregular in its conclusion, and was speedily followed by syphilitic manifestations. Healthy virus excited an apparently normal process of pustulation in the child; the products of this process, modified as they must have been by the constitutional condition of the patient, excited a dual action in the persons to whom they were transferred. The relations of this history to the question of the transmission of constitutional syphilis are very evident.

It is a remarkable fact, that virus thus taken from persons who are infected with syphilis, does not produce the same results in all cases. The majority of cases vaccinated with lymph taken from syphilitic subjects escape the effects of syphilis. Dr. Lecoq (*Gazette des Hôpitaux*, Dec, 24, 1859) re-vaccinated a number of the soldiers of the regiment stationed at Cherbourg with vaccine lymph, taken from healthy-looking vesicles on the arm of another sol-

dier, who, three months previously, had an indurated chancre, for which he had gone through a course of treatment at the Marine Hospital—a circumstance unknown to Dr. L. at the time of vaccination. In only two instances did any unusual symptoms appear; in the two unfortunate cases, eight days elapsed without irritation or inflammation at the points of vaccination. On the eighth day, in each of these individuals, one of the three punctures which had been made in the arm began to inflame, and resulted, in a few days, in an obstinate ulcer, with ragged margins and a hardened base, presenting a violet color, and becoming covered with a brown scab, that confined an unhealthy ichorous pus; the axillary glands of the same side became enlarged. These ulcers resisted every application, and were more than a month in healing. Symptoms of constitutional syphilis declared themselves—in one case six months, in the other three months after re-vaccination—presenting themselves in the form of sore throat, adenitis, and cutaneous eruptions of an undoubtedly specific nature, and it was only after a long course of anti-syphilitic treatment that relief was procured.

It is not impossible that these soldiers were syphilitic subjects, having the poison of syphilis latent in their veins, before their submission to re-vaccination. Of this, however, there is not the slightest evidence. Dr. Lecoq and Dr. Fonsagrives, the physicians who had the patients under observation, made the most diligent efforts to discover evidence of a previous syphilitic taint, but could not detect the slightest mark of such an accident. The men, of course, denied that they had ever contracted any form of venereal disease, and their physicians were finally constrained to believe in the truth of their statements. It is strange that they alone should have suffered, when so many others were equally exposed to the same danger. It is a circumstance which adds weight to the opinion that the poison of constitutional syphilis is not easily communicated from person to person.

Cullerier, a distinguished French authority, commenting upon a case of alleged transmission of syphilis by vaccination (*Bulletin Gén. de Thérap.*, July 15th–30th, 1855), declared that it was an impossible accident, for he had "not only vaccinated syphilitic children without ever seeing the vaccinia in any way modified by the syphilitic diathesis, but he had vaccinated healthy children from syphilitic infants, without ever perceiving the slightest unpleasant results." Considered in the light which more recent investigation has thrown upon the subject of syphilis, the accident might not now seem so improbable as it did when the details of the following history were made public.* A homœopathic practitioner, of Hoffeld, Bavaria, vaccinated eight children, the 16th of June, 1852. These children were all the healthy offspring of healthy parents. The virus was taken from an infant, three months old, the child of an unmarried woman, who before her confinement had been subjected to anti-syphilitic treatment, on account of suspicious ulcerations about the mouth and the genital organs. At the time of vaccination this child appeared to be in excellent health, though there were then a few pustules upon its legs. This eruption extended to the anus, and to other parts of the body, causing great illness, and the death of the child, in less than two months after its vaccination. Besides the eight children vaccinated with virus thus procured, three other children in the same neighborhood, and two in an adjoining parish, were vaccinated from the same source. These five presented normal vaccine vesicles without any subsequent symptoms of syphilis; but in the eight children first mentioned, the results were wholly abnormal. In the greater number, the first effects of vaccination were delayed for fifteen days, or longer. Small, imperfect vesicles then formed at the punctures; these vesicles soon degenerated into small, purulent ulcers, which gradually extended, some superficially, others deeply. The rest of the eight children showed vaccine vesicles on the eighth day, as usual, but these soon changed

* *Gazette Hebdomadaire*, March 9th, 1855. *Bulletin Gén. de Thérap.* 1855, vol. II., p. 44. *L'Abbeille Médicale*, tome XII., p. 169.

into little ulcers, which became confluent, and healed very slowly. The majority of these children showed symptoms of constitutional syphilis three months afterwards, and communicated the disease, in several instances, to their mothers and nurses.*

These cases serve to illustrate the previously noticed fact, that syphilitic poisoning does not always follow the use of *syphilo-vaccine* lymph. This would seem to depend upon the different susceptibility of each individual—in other words, upon unknown individual peculiarities, which, perhaps, may be analogous to those which render certain persons so much more than others liable to an attack of gonorrhoea, or any other contagious disease to which they have been exposed.

It is also worthy of remark that several of these children displayed perfect vaccine vesicles, which presented no appearance of syphilitic disturbance until the eighth day, when they degenerated into chancrous ulcers. Others manifested no sign of constitutional contamination before the third week. It seems to be the rule that the vaccine disease does not give way to the syphilitic before the inflammatory process has reached the pyogenic stage, which usually occurs about the eighth day. Dr. Heine, it is true, (loc. cit.) asserts that the children under his observation "were immediately affected with syphilis," but this may mean any period from eight hours to eight days. It is a statement too indefinite to carry any weight one way or another. The manifestation of the poison of syphilis in a state of activity seems to coincide with the formation of pus: if it can be shown that the poison itself has its seat in the pus-cell, we may be able to theorize, with some degree of plausibility, concerning the causes which have protected so many individuals who have been vaccinated with *syphilo-vaccine* matter. Lymph is usually taken from a vaccine vesicle before the eighth or ninth day, for the sake of procuring a virus free from purulent admixture. We have already seen how disastrous may be the consequences of vaccination with purulent virus; if now it can be shown that a vaccine vesicle developed upon a syphilitic subject only acquires the syphilitic taint with the formation of pus in its contents, we can easily see that a physician who carefully chooses lymph from vesicles in which pus has not been formed, may vaccinate with a success equal to that which Cullerier claimed for himself. If, on the contrary, there be used a virus which has become wholly purulent, and through that change analogous to the discharge of a chancrous ulcer, syphilitic inoculation might be expected with the utmost degree of certainty. But, if virus be taken from a vesicle whose contents are partially modified by the incipient formation of pus within its cavity, a variety of results may follow its use: that portion of the lymph which is uncontaminated should produce the simple vaccine disease without any syphilitic sequences, while the portion which is undergoing purulent modification should produce a vesicle varying more or less from the normal type, and should infect the whole system with the poison of syphilis.

Now the use of lymph which is undergoing purulent modification is the danger to which vaccination is most liable. It requires close observation and careful discrimination to decide upon the exact time at which the contents of the vaccine vesicle are most fit for use. In shunning Scylla one is nearly certain to fall upon Charybdis. It is usually upon the eighth day that the lymph is most perfect; before that time it is not sufficiently elaborate, after that time it becomes mixed with more or less purulent matter. But it is not always precisely the eighth day which exactly marks the period of maturity. The processes of inflammation are conducted more rapidly in some cases,

more sluggishly in others, so that time alone is not the only condition requisite to the perfection of lymph.

Unfortunately, we have not yet accumulated a sufficient number of observations on this subject, to throw much light upon the questions under discussion. The experience of Dr. Wegler* affords the only positive indication of the direction which our inquiries should assume. He relates that at Koblenz, in 1849, "a surgeon vaccinated, with the same lymph, twenty-six individuals, and in nineteen of these (from eleven to forty years of age) vesicles appeared. But in three or four weeks they exhibited all the signs of venereal ulcerations, and were, in most of the individuals, followed by sore throat, eruptions, and pains in the head. * * * The child whence the lymph had been obtained, had been vaccinated February 4th, and as the vesicle was very slow in progress, the surgeon did not take lymph from it until the 14th and 15th, when it was, consequently, eleven or twelve days old.† Other children, however, were then vaccinated with it without ill effect. *Of the twenty-six re-vaccinated, much the largest number fell ill in whom the lymph of the 15th had been used.* Some time after the lymph had been taken from the child, it exhibited copper-colored blotches, and at a later period died of supposed water on the brain."

Here was an observation which bears directly upon our theory. Could we multiply such observations, its accuracy might very easily be tested by a comparison of results; but hitherto the whole subject of the transmission of morbid poisons has been veiled in such obscurity that few observers have had knowledge and insight sufficient to make their facts intelligible and available.‡

(To be continued.)

BENEFICIAL RESULTS

FROM THE USE OF

MECHANICAL APPLIANCES IN POTT'S DISEASE OF THE SPINE.

ILLUSTRATED WITH CASES.

By JACOB A. WOOD, M.D.,

OF NEW YORK.

(Continued from page 81.)

CASE II.—The son of Mr. K—, of New York, set six years and nine months; complexion fair, but not denoting a decidedly scrofulous diathesis, first came under treatment for Pott's disease of the spine, December 6, 1860.

In July, 1859, the child had a slight fall, and was seized at once with severe pain in the back, extending down the right leg. He became nearly or quite helpless, and remained so for about three weeks. At the expiration of that time exercise upon the feet was attempted, but performed with great difficulty and pain. About three months after that, the child began to lean to one side, and to support himself, while walking or standing, by resting his hands upon his thighs, or upon a chair, lounge, or other object within his reach. The right leg was drawn up, and locomotion was performed with the heel raised from the floor. As the difficulty advanced this abnormal position became more apparent, locomotion more difficult, the pain more severe, both during the day and through the night, and in the paroxysms the child was powerless.

Upon examination I observed a posterior projection of

* *Médecino-Chirurg. Review*, 1851, vol. vii. p. 588, quoted from *Med. Zeitung*, 1850, No. XVI.

† "The vaccinator, for having employed lymph thus old, was sentenced to two months' imprisonment and a fine of fifty thalers, leaving him still open to civil action on the part of the persons aggrieved."

‡ That constitutional syphilis is to a certain degree communicable, is now admitted by the highest authorities. That it may be communicated through the medium of virus used for vaccination is a fact which has also been remarked by Prof. Cerulli, of Cremona (*Revue Méd.*, 1845, vol. iii., p. 54), by M. Levrat (*Journal de Médecine de Lyon*, July, 1848, p. 67), by Dr. Tassani (*Gaz. Med. de Milano*, Oct. 14, 1849), by Mr. Boes, of London (*Lancet*, 1887, vol. i., p. 115), by Dr. Cecaldi (*Gaz. des Hôpitaux*, Dec. 24, 1859), and by one of the oldest and most experienced medical practitioners in our own city, who has recently seen eight children affected with syphilis as a result of vaccination.

* The vaccinator was sued for alleged mal-practice by the relatives of these unfortunate children, and was condemned to suffer imprisonment for the space of two years. Appealing to a higher tribunal, the time was reduced, first to one year, then to six months, and, after consultation, on the part of the judges, with M. Heyfelder, a distinguished medical authority, who denied that secondary syphilis could be communicated by vaccination, the sentence was finally commuted to a fine, which was imposed as a penalty for the use of virus that had been procured from a diseased child.

the third lumbar vertebrae, with the second forced somewhat from its normal position. The amount of deformity in this case was not so great as usually occurs in a much shorter space of time after the commencement of the disease. The suffering of the patient, however, as represented by the mother, was far greater than I have been in the habit of seeing.

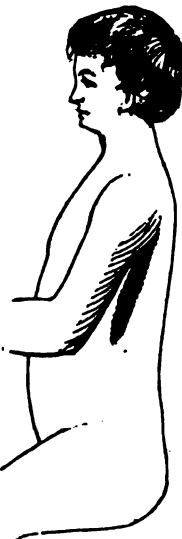
Treatment consisted in the application and use of mechanical appliances, similar to those already presented to the reader in a previous number, together with some of the preparations of iron, as a tonic, and the extract of conium to relieve the pain; also, a generous diet and what exercise the patient was able to endure in the open air. Upon the application of the apparatus the relief from pain was very great, but not so complete as in the majority of cases to which it has been applied. About two months after the treatment commenced, and while the patient was doing well, he met with an accident in falling, which rendered him again nearly helpless. For about twelve days after the accident the suffering was so intense whenever the support to the spinal column was, in any degree, diminished, that the apparatus was not removed during that time. Whenever its removal was proposed the little fellow would tremble and scream in anticipation of the suffering that would follow. I may remark, in passing, that three other cases of a similar character have occurred in my practice. Whether standing, sitting, or lying down, neither of the cases could dispense with the apparatus for a single moment, without the most intense pain. In one it was not removed for the space of two weeks; in another for seven weeks; and in the third, that of a young physician in Massachusetts, it was worn for several successive weeks (the precise number I cannot now recall), without being removed for a change of under clothing, or any other purpose whatever, as in all the others referred to. I allude to these circumstances more particularly to show the importance of evenly adjusted and well adapted mechanical support in Pott's disease of the spine, for the purpose not only of making the patient comfortable while suffering from the disease, but of bringing the case to the most favorable, as well as speedy termination.

To return to the case under consideration, about five months subsequent to this, while the patient was improving well and able to play about, he received a blow from a stick in the hands of another child, directly upon the diseased bone, whereupon he fell instantly to the floor. A good deal of pain and difficulty in moving about followed, and, subsequently, a superficial abscess formed at that point. Since recovering from its effects, the patient has improved and done well up to the present time. He has suffered but little or no pain for the last eight months, and is now vigorous, robust, and healthy, with the curvature reduced as seen in the accompanying cut.

The degree of deformity that now exists, and here represented, is only about one-third what it was when my attention was first called to the case, and it is still gradually diminishing.

N. Y., 31 COOPER INSTITUTE, Feb., 1892.

M. TROUSSEAU is now strongly of opinion that in those cases of chlorosis in which there is a tendency to tubercular disease of the lungs, preparations of iron, administered for some length of time, favor and hasten the development of the tubercles. It is, therefore, of every importance in treatment to distinguish between true chlorosis, and what he calls pseudo-chlorosis.—*Brit. Med. Jour.*



CONFLUENT SMALL-POX,

OCCURRING AFTER THREE SUCCESSFUL VACCINATIONS.

By T. C. WALLACE, M.D.,

ASSISTANT SURGEON, NINETY-THIRD REGIMENT N. Y. S. V.

CHAS. NICHOLS, aged 35, a private in Capt. Barnes's comp'y, 93d regiment, N. Y. S. V., was vaccinated (with other members of the company) on the 24th day of Dec. 1861. I noticed on his right arm a large scar from a previous vaccination, which he informed me was done when he was a child, and on his left arm a similar scar, which he said was from a vaccination three years since. The vaccination of Dec. 24 worked admirably; the vesicle was fully formed, large, and well filled, and was accompanied by some slight constitutional symptoms. On the 8th day of January, just two weeks from the day of vaccination, I was called to visit him at his quarters, and found him with a very high fever, intense pain in his back and loins, and sore throat. I had him removed to the Post Hospital. On the following day there was an exacerbation of all these symptoms. On the morning of the 10th I found him perfectly covered with the eruption of variola. He was immediately removed to the Hospital for Small-Pox at the Almshouse. The case proved to be an extraordinarily severe one of confluent small-pox. Dr. Mattimore, Resident Physician at Almshouse, assures me it is the worst case he has had in a long time. I certainly have never seen any one so completely covered with pustules as he was. The matter used in his case was supplied from the Eastern Dispensary, N. Y. (50 points in a vial), and was perfectly good, as is shown from its effects on the rest of the company. The case is certainly a novel one, and as such I have reported it.

Reports of Hospitals.

NEW YORK HOSPITAL.

INJURIES OF THE HEAD.

THEIR NATURE AND TREATMENT, WITH ILLUSTRATIVE CASES,

By D. B. ST. JOHN ROOSA, M.D., and JAMES L. LITTLE, M.D.,

Resident Surgeons.

INJURIES of the head may be conveniently classified as follows:—1. *Scalp Wounds of Brain*; 2. *Concussion and Contusion of the Brain*; 3. *Fractures of the Base of the Skull*; 4. *Fractures of the Vault of the Skull*; 5. *Gunshot wounds of the Head*.

Scalp Wounds are among the most common lesions seen in civil hospital practice. The history often reads: "A man while intoxicated fell upon the curbstone and received a wound of the scalp, exposing, but not denuding the bone." On admission, the patient is not generally stunned. The occasion for surgical interference which oftenest presents itself is the hæmorrhage, which may be profuse, sometimes having quite weakened the patient before he is seen.

The only reliable, as well as the quickest method of arresting this is by direct pressure. We have the unyielding surface of the bone on which to exert it. A compress of lint, graduated, perhaps, and over it a skull cap bandage, is sufficient to check a hæmorrhage which may be quite alarming. In twelve hours after let the compress be removed, the vessels will be found to be closed, and we have a simple lacerated wound which it is the habit to treat with cold water dressings, until suppuration is freely established, when stimulating applications, e. g. the balsam and ungt. peru., are employed. Occasionally these wounds close by first intention, but this is very rare in hospitals. Great care must be taken that no dressings are used which will confine the matter. Suppuration is occasionally very great, and in some instances endangers life. Scalp wounds, even with no concussion of the brain, are not to be regarded lightly. The dangers may be said to be: Erysipelas, exco-

sive suppuration, death of exposed bone, pyemia, and rarely, tetanus.

"Injuries of the head affecting the brain are difficult of distinction, doubtful in their character, treacherous in their course, and for the most part fatal in their results." (*Guthrie*.) This aphorism will be found to be verified by the experience of all those, whether civil or military surgeons, who have to deal with this class of injuries.

Concussion of the brain will be noticed as the diagnosis of many published cases in which a post-mortem has been obtained and no lesion detected; the cause of death being assumed to be the "jar of the brain." Mr. Hewett, of St. George's Hospital, has suggested doubts as to whether death ever occurs from simple concussion, or whether there is not, as well, a contusion of the brain substance. In autopsies where no trace of injury to the brain in the way of compression or inflammatory action can be discerned, the brain substance should be very carefully examined for a contusion.

The case of a soldier, to be referred to hereafter, is a well marked one of concussion, and the treatment there indicated (daily purging, loss of blood by cups to temples), indicates that generally pursued in this institution.

The cases in which insanity followed what seemed to be concussion, are interesting. It may be suggested that here there was a lesion, a contusion of the brain substance, or a slight effusion. It is regretted that one case could not be followed up, the patient eloping after remaining for a period of four weeks *in statu quo*.

Fractures of the base are usually fatal, but one will be found indicating a recovery. In reference to the value of the escape of cerebro-spinal fluid in cases of fractures of the base, it may be remarked in passing, that this effusion may occur in fractures of the vault of the cranium, where the injury has extended through the integument, bone, and membranes. Cases illustrating this point are on record. The prognosis in all cases of fractures of the base, and compound fractures of the vault, will be necessarily grave, although there will be many in which the surgeon will hesitate long before he diagnosticate between fractures of the base, contusion, compression, or concussion. Mr. Hewett thinks the differential diagnosis much more difficult than the precise rules laid down in the text-books would seem to indicate. Mr. Guthrie's opinions corroborate this.

Fractures of the vault, simple and compound, seem to be rare unless accompanied by depression; the cause of the injury scarcely ever stopping short of depressing some fragment of the bone. The rule adopted by the attending surgeons here is that now usually followed, namely, to wait for symptoms of compression before operating. The mortality of trephining is very great, there probably being some other lesion which the removal of the depressed bone does not reach.

Gunshot wounds of the head are deserving of a separate classification. The three cases presented, with their fatal termination, give some idea of the prognosis, and the little avail of treatment beyond securing a free opening, if perchance, the foreign bodies which cannot be followed into the cavity, form an exit. Wounds of the front of the head, Mr. Guthrie remarks, are more dangerous than any other. All of the cases presented are of this variety. The formation of abscess of the brain is one of the common results of this injury. Surgeons have made bold cuts into the brain substance to secure their exit; the results do not invite repetition of the efforts. Dr. Detmold's case, *American Journal Medical Sciences*, N. S., No. 37, page 86, will be found an interesting one.

SCALP WOUNDS.

I.—J. S., æt. 26, Ireland, seaman (Dr. Buck), admitted March 12th; discharged 12th August. Had a lacerated wound of the scalp, having been hit by a pewter mug over left parietal bone one week before admission; is suppurating very freely. The suppuration continued until

May 25th, when it was checked; bone exfoliated, ulcer healed, patient was cured.

II.—A woman, æt. 23, New York, (Dr. Watson) was kicked on her head by her husband, producing a wound of the scalp over the parietal eminence. Wound bled freely. Patient was quite exhausted from it; rallied soon; complained of a little pain in the head, which was dissipated by a cathartic, and was seven days after discharged cured.

A man, æt. 41, England, mason, admitted Dec. 16th (Dr. Watson), fell from a scaffold two hours before admission, a distance of twenty feet, inflicting a wound of scalp over superior curved line of occipital bone; no fracture; hæmorrhage slight; shock moderate. Patient did well until eight days after, was up and about, and was discharged, cured.

IV.—A man, æt. 26, seaman, admitted Dec. 29th (Dr. Watson) with a lacerated wound on middle of temporal ridge of left side; hæmorrhage profuse; no shock. Received injury by falling on a curbstone while intoxicated. Did well, and was discharged cured two days after.

These cases are merely given as specimens of many of the same kind frequently met with in hospital practice. In Case III., from the extent of fall, we should have expected a greater amount of injury.

CONCUSSION AND CONTUSION OF THE BRAIN.

I.—A soldier, æt. 45, admitted December 29, 1861 (Dr. Watson), while riding down Broadway, intoxicated, fell from his horse, striking the back of his head, and was found senseless; half an hour after was perfectly unconscious; pupils dilated and insensible to light; pulse 90, and of good force; slight hæmorrhage from right ear and from nostrils; over left parietal region was a puffy tumor; bowels moved by injection. Delirium set in, rendering restraint of limbs necessary; delirium continued for thirteen days, although gradually assuming a milder type, when he became conscious and rational: had a slight purulent discharge from right ear. Gradually improved until a month after admission, when being well was discharged cured. The treatment consisted in daily cupping and purging. Cathartics and food were administered by closing his nostrils, and in the act of expiration he was obliged to swallow.

II.—A man, æt. 23, Irish laborer, admitted December 25, 1861 (Dr. Watson), was either thrown or jumped from a second story window; half an hour after found a scalp wound exposing but not denuding the bone, situated over parietal boss of left side; pupils sluggish; pulse 60 and feeble; intellect obscured; moderate hæmorrhage. Was fully rallied on second day; mind seemed to be clear; water dressings applied; bowels freely moved. Six days after patient was noticed to be moody, talked incoherently, imagining that people intended to injure him; some pain was referred to mastoid regions; cupped, and blisters behind the ear. Treatment was persisted in until thirty days had elapsed.

III.—David Hetherman, æt. 24, Ireland, porter, admitted October 31, 1861 (Dr. Buck, attending surgeon), received his injuries by falling from a second story window, a distance of about twenty feet. On admission he was suffering from the following symptoms:—stupor, respiration natural, pulse slow and full, pupils somewhat contracted; he had vomited previous to admission. On examination no fracture of the skull could be detected. Third day after injury patient had reacted somewhat, and was quite delirious. Free movement of the bowels was induced, and wet cups were applied to the temples, and afterwards blisters behind the ears. From this time his senses returned sufficiently to recognise his attendants, but he was inclined to be violent, requiring forcible confinement to the bed. From this time until his dismissal, which was about twenty days after the injury, he remained in about the same condition, recognising his friends, but having a mania to tear everything with his hands or teeth, singing and talking and giving other evidences of insanity. He passed his feces and urine in bed. His friends state that

he gave no evidences of mental derangement previous to his injury, and no hereditary taint could be made out. He was removed by his friends, and nothing further has been heard from him.

IV.—Jacob Keizer, æt. 16, N. Y., admitted December 27, 1861 (Dr. Peters, attending surgeon). Patient received his injury by falling through a hatchway, a distance of about thirty feet. On admission he presented the following symptoms:—insensibility, moderate dilatation of pupils, vomiting, bleeding from the nose. No fracture can be detected. He remained in an insensible condition for four days after the injury, without any marked improvement. His treatment during this time was a free action of the bowels, cups to the temples, cold to the head. On the third day a puffiness of the scalp was observed, just above the superciliary ridge of the right frontal bone. This had a feeling as if a depression of the skull existed beneath. An incision was made down to the bone, and, after allowing the escape of a small clot of blood, the bone was examined and no fracture could be found. The edges of the wound were brought together and cold water dressings applied. On the sixth day patient began to show signs of improvement, and gradually grew better, and about four weeks after the injury was discharged. The most prominent feature of this case was that patient remained in an unconscious condition for four days, finally recovering without apparently any bad result.

V.—J. E. G., æt. 14, admitted Jan. 30, 1862 (Dr. Halsted). Patient fell from a scaffold, a distance of about fourteen feet. On admission was insensible; pupils normal, slight oozing of blood from the left ear, vomiting; on examination no fracture was detected, a slight contusion found over left temporal bone. Patient remained insensible for forty-eight hours after admission, when reaction having taken place, he became quite delirious, screaming night and day, and so restless that it was almost impossible to keep him in bed; on the third day after the injury, hemiplegia of the right side became well marked. Patient complained of severe pain in the head, which was shaved, and cold applied with wet cups to the temples. From this time patient gradually recovered his senses, so that by the eleventh day he appeared to be perfectly rational. Patient still remains in the hospital, and on the twentieth day patient begins to move his leg a little, arm and face still paralysed, intellect seems to be clear. Since admission patient's pulse has not exceeded one hundred at any one time, generally below seventy. The fact that the paralysis did not appear until the thirtieth day would seem to indicate that there had been a rupture of some vessel on the left side of the brain, with some effusion of blood. This, however, did not affect the pupils.

A NEW DOMESTIC POISON.—Benzole is an organic product of distillation which ranks high amongst the recent useful gifts of chemistry to our national industry. It has lately come into extensive use for a variety of purposes, and has not hitherto been considered poisonous. A recent death has given occasion to investigations which prove that it is highly poisonous. At the inquest on George Gilbert, who died on the 3d instant, it appeared that the deceased, after sucking at a syphon which did not draw, inhaling the vapor of the benzole, and probably swallowing a portion of it, became sick and drowsy, his pulse feeble, and countenance livid. Dr. H. Barker was called to him, and he was treated with stimulants, but died in a few hours. The symptoms were those arising from the inhalation or swallowing of a noxious fluid. There was no trace of irritant substance in the stomach, nor had it any smell of bitter almonds. The brain, lungs, and liver were congested, and there were some patches of congestion on the coats of the stomach. The head had a slight smell of bitter almonds.—*Lancet*.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, January 8, 1892.

DR. A. C. POST, PRESIDENT, IN THE CHAIR.

CARCINOMA OF KIDNEY.

DR. LOOMIS presented a kidney, taken from the body of a male, æt. 38, a native of Ireland, who had been admitted into Bellevue Hospital with delirium. After this symptom passed off he complained of intense pain in the right lumbar region, which was increased by pressure. The treatment instituted consisted of opium and mild diuretics. His urine on microscopic examination was found to contain blood, but this disappeared after a while under the treatment alluded to, and in its stead albumen showed itself. For several months he was able to do duty as helper in one of the wards, but during the past month he became subject to repeated attacks, which simulated those attendant upon the passage of a renal calculus. After these attacks would pass away small blood-clots would be found in the urine. On the 1st of January he was taken with typhus fever, and died shortly afterwards.

On making the post-mortem examination the right kidney was found to weigh eight ounces, its lower half being occupied by a carcinomatous tumor the size of an orange.

DR. LOOMIS presented a second specimen, taken from a native of Poland, æt. 35, who was admitted into the Hospital on the 16th of November. He was brought by his friends, who afterwards left him, and being unacquainted with any other language than his own it was impossible to get from him a history of his case. The symptoms at first so much simulated those belonging to fever, that Dr. Flint caused the patient to be sent to the fever ward, where Dr. Loomis saw him. He was then lying upon his back, being unable to change his position unless assisted; his pulse was 160 continually; he was conscious and able to articulate; his skin was not abnormally hot; there was no delirium, no paralysis, neither muscular twitchings; his urine was voided voluntarily, and his bowels moved daily; his pupils acted well, though slowly; he protruded his tongue in a direct line; there was no twisting of the head to one side, no want of co-ordination in his movements; in fact, none of the symptoms were present which would lead to the supposition of the existence of the disease which was found on post-mortem examination. He died suddenly and without convulsion on the 28th of December, his general symptoms remaining unchanged. On making the autopsy the membranes of the brain seemed to be preternaturally dry; no subarachnoid effusion; the right lobe of the cerebellum was found to be the seat of a tumor about the size of a small orange, it was covered by a layer of the brain matter about a quarter of an inch in thickness; on microscopical examination, granular matter, nucleated cells, and free nuclei with crystals of cholesterine were found.

DR. WOOD stated that he had found the tumor to consist besides of fibrous matter in considerable quantity.

TUMOR OF CEREBELLUM WITH MUSCULAR CO-ORDINATION.

DR. CONANT thought that the tumor was developed in the substance of the organ, and enlarged by simply displacing the tissues rather than by destroying them; and that if it had been sufficiently large to compress the cerebellum it would have had the same effect upon the medulla oblongata, giving rise to serious and alarming if not fatal consequences. In this connexion he mentioned a case of tumor of the pons varolii, which he had diagnosed before death; the patient as long as he would look forward could move well enough, but the moment the slightest motion of the head suddenly to one side or the other was made he would become instantly paralysed. The specimen had been presented to the society several years ago.

DR. KRACKOWIZER thought that the theory of co-ordina-

tion, as connected with diseases of the cerebellum, had to suffer a great many restrictions. He had seen quite a series of cases reported in the *Lancet* in which no mention was made of that particular phenomenon.

DR. FLINT stated that he had met with two cases of cerebellar tumors in which there was a want of co-ordination.

DR. CONANT cited a case of a boy who had received a kick in the back of the head by a horse, and who was afterwards seized with tonic spasms, which continued for a week or ten days, at the end of which time he began to lose the power of co-ordination of the left side. If he wished to pick up anything on the floor on his left side, he was compelled to place his hand out from the body, and swing himself around. On post-mortem examination two-thirds of the substance of the cerebellum were in a state of softening.

The society was then, on motion, adjourned.

SURGICAL SECTION.

STATED MEETING, Jan. 24, 1862.

DR. JAMES R. WOOD, CHAIRMAN.

DISCUSSION OF DR. GEO. K. SMITH'S PAPER ON THE RELATION OF THE INSERTION OF THE CAPSULAR LIGAMENT OF THE HIP-JOINT TO INTRA-CAPSULAR FRACTURE.

(Continued from page 55.)

DR. GEO. K. SMITH, in replying to the remarks made at a previous meeting by Prof. Post, commenced by quoting the following from that gentleman:—"The fifth proposition seems to me to be founded on an error, or at least on a statement which has not been demonstrated to be a fact. The statement to which I allude is this, viz. that when the cervix femoris has been fractured, and the fragments have reunited, and the cervix is found on post-mortem examination to be shorter than that of the opposite side; the absorption to which the shortening is due, preceded the union of the fragments. It appears to me more probable that the union, in such cases, takes place in the first instance, and that the interstitial absorption is a subsequent event. This view would seem to be supported by the fact, that before union has taken place, the fragment connected with the head of the bone has a very imperfect supply of the veins or lymphatics through whose agency the absorption would be likely to occur."

It is very true that the fragment of the neck attached to the head of the bone is, to a great degree, deprived of its arteries and veins by the accident. If the force of the blow producing the fracture be sufficient to rupture the cervical ligament, and separate the fragments, the upper fragment is then supplied with blood by one, and in some cases two small arteries, which pass through the ligamentum teres to the head of the bone. The elements of nutrition being thus imperfectly supplied to this fragment, we infer that it will be absorbed with greater rapidity than the femoral fragment, which, after the fracture, has an abundant supply of blood. This will certainly be the case, provided that each fragment of the neck has a sufficient number of veins and lymphatics to accomplish its absorption. I have often examined that branch of the obturator vein which returns the blood from the head of the bone, and have usually found it about the size of a crow's quill; and while it is admitted that this is quite unequal to the number and calibre of the veins supplied to the femoral fragment of the neck, it must be remembered that *absorption through this channel is not held in check by the antagonistic force of an abundant nutrition.*

Prof. Post assumes, as a fact, that "before union takes place, the head of the bone has also a very imperfect supply of lymphatics, through whose agency the absorption would be likely to occur." It appears that the minute distribution of the lymphatic system is yet imperfectly understood by anatomists. Some authors state that bone tissue is not supplied with lymphatic vessels, while others claim that it is.

Cruveilhier states, that "lymphatic vessels have not yet been actually demonstrated in the bony tissue; but it is probable that they really exist there; at least, the process of nutrition in bones, and certain morbid phenomena which they present, lead to the belief of their existence."* "Cruikshank, Sæmmering, and Bonamy have succeeded in tracing them into the interior of the bones."† "Lymphatic vessels are found in most tissues and organs which receive blood, but have not been detected in the substance of the brain and spinal cord, in the eye-ball and labyrinth, nor the placenta and its membranes. The principal lymphatic vessels are more numerous than the arteries and veins, but very much finer. They are long, threadlike, transparent tubes, of difficult detection, unless some colored substance is injected into them. The mode in which the lymphatics commence has been imperfectly ascertained in consequence of the extreme tenuity and transparency of the vessels, and the impossibility of injecting colored liquids in a direction opposed to the opening of the many valves which occupy the larger branches. For the most part they appear to originate in close capillary nets, intercalated with the sanguiferous capillaries, but having no communication with them."‡ "The lymphatics are found in nearly every texture and organ of the body, with the exception of the substance of the brain and spinal cord, the eyeball, cartilage, tendon, membranes of the ovum, the placenta, and umbilical cord. Their existence in the substance of bone is doubtful."§ If from the conflicting statements of authors concerning this subject, we are led to believe that lymphatic vessels have not yet been discovered in the bony tissue, we are by no means at liberty on that account to deny that they really exist; for this summary method of disposing of the question would exclude further investigation, which might lead to their discovery.

Dismissing this point, we notice that Cruveilhier states that synovial membranes are abundantly supplied with lymphatic vessels, thus:—"The origin of the lymphatics can be shown only upon free surfaces, such as the mucous membranes, the skin, the serous and synovial membranes, and the lining membranes of arteries and veins. All the lymphatics arise by a network of such tenuity that when injected with mercury the whole surface appears changed into a metallic layer. The synovial membranes may be injected with the greatest facility, either near the cartilages where they are more tense than in other parts, or upon the ligaments to which they adhere."¶

If synovial membranes are thus abundantly supplied with lymphatics, it can hardly be doubted that there are lymphatic vessels in the ligamentum teres, which may become active agents of absorption, after fracture of the neck of the femur; since the ligamentum teres is enveloped throughout its extent by synovial membrane. Gray states that "the deep lymphatics accompany the deep arteries," and that "the lymphatics of any part or organ exceed in number the veins, but in size they are much smaller."

If now the lymphatics originate in accordance with Leidy's opinion, "in close capillary nets, intercalated with the sanguiferous capillaries," and pass in a direction from without inwards, accompanying the arteries, we can see no good reason why that branch of the obturator artery which supplies the head of the bone with blood, should form an exception to the rule. With our present imperfect knowledge concerning the origin and distribution of the lymphatics, it appears to me that the statement of Prof. Post, that "before union takes place the head of the bone has a very imperfect supply of the veins or lymphatics, through whose agency the absorption would be likely to occur," is a statement which requires further anatomical investigation before it can be admitted as a fact.

Whatever the agency may be by which the result is accomplished, absorption of the head and neck of the bone does

* Cruveilhier's Anatomy, p. 14.

† Paracelsus's Wistar, vol. II., p. 387.

‡ Leidy's Anatomy, p. 428.

§ Cruveilhier's Anatomy, p. 612.

¶ Gray's Anatomy, p. 425.

actually occur, without any apparent attempt at union of the fragments, and the rapidity of the absorption is sometimes so great, that nearly the whole of the neck has been known to be removed in less time than is required for bony union of this fracture; thus:—"the superior fragment of the broken cervix usually disappears to the level of the brim of the acetabulum, either in consequence of the action of the absorbent vessels, or by the friction of the broken surfaces, or perhaps it is due to a combination of both these causes. The absorption, however, sometimes extends much further; I have seen half of the globular head of the bone thus removed, and a case has been recorded in which the head of the bone was completely absorbed. * * * In old cases the femoral fragment is likewise absorbed to a greater or less extent; sometimes it disappears entirely to its base, and the portion of the shaft, from which, in the normal state, it springs, presents a smooth and even surface, limited by the trochanters and their connecting lines. * * * The absorption of the lower fragment is sometimes effected with extraordinary rapidity; in case No. ix., the shortening of the limb, which immediately followed the receipt of the injury, was only a quarter of an inch, but after the expiration of six weeks it amounted to one inch and a half; and in case No. xii., the removal of the greater part of the neck of the bone was accomplished in less than a month."* Here we see the effect, and from the effect we infer the cause which produced it; for, although we may be unable to trace the immediate connexion of cause and effect, we know that nature never accomplishes any purpose without employing means which are adequate to the ends produced. If after fracture of the neck the whole head be removed by absorption, without any attempt at union of the fragments, we are forced to conclude that the supply of veins and lymphatics to the head of the bone is sufficient to produce this result, since it is through the agency of these vessels that absorption occurs, and we can therefore see no physiological necessity for the absorption of the neck to be preceded by bony union of the fragments. I would not, under any circumstances, knowingly put a wrong construction upon the language of any surgeon; but, if I correctly understand the following proposition of Prof. Post, it does not seem to me to be strictly in harmony with his criticism of my fifth proposition:—"In intra-cervical fractures, whether bony union takes place or not, the cervix femoris becomes greatly shortened by interstitial absorption, and, after the lapse of several weeks or months, the limb may be shortened to the extent of two inches or more."

THE AMERICAN JOURNAL OF OPHTHALMOLOGY.—This is the title of a Journal to be edited by Julius Homburger, M.D., to be devoted to Ophthalmic Medicine and Surgery. It will contain: reports of operations, original articles and periscopes, from American as well as foreign sources. The Journal will be published bi-monthly, at \$2 per annum, payable on receipt of the first number, by L. W. Schmidt, 534 Broadway, above Spring street.

THE INFLUENCE OF RAILWAY TRAVELLING ON PUBLIC HEALTH.—But in place of the many vague surmises heretofore hazarded on this subject we can now substitute accurate information as to the direct physical effects of railway travelling upon the body. These are, to produce a certain degree of muscular exertion; to increase the volume of air inspired; to quicken the circulation; to impress rapidly on the retina a succession of fleeting images; and to cause more or less hyperæmia of the brain and spinal cord, and some irritation of the gastric and sympathetic nerves by means of the vibratory movements of the trunk. Bearing in mind this general analysis of the effects of railway travelling, and giving due consideration to the circumstances which modify them, it becomes possible to estimate at their true value the complaints as to the various illnesses and diseases which have been ascribed to it. In no case is it more desirable to test, one by the other, clinical experience and physiological observation.—*Lancet*.

* Smith on Fractures, p. 42.

American Medical Times.

SATURDAY, MARCH 1, 1862.

SELECTION *versus* SUCCESSION.

In every department of human enterprise and responsibility is heard the demand for "the right man for the right place." Military leaders, heads of departments, and officials of every rank, are inevitably the objects of praise or of criticism; and if in civil life and the avocations of peace, such characteristic awards of merit or demerit are less marked, they are not of less importance than in military life. Pre-eminent fitness and faithfulness in official station are the true and only conditions that will insure lasting honor to the incumbents of such stations, or satisfy the just demands of the people. Doubtless there were many aspirants for the honor of serving as Quartermasters-General in providing for Wellington's troops in the Peninsula, but some of those officials were placed in perpetual disgrace by their own inefficiency, when the Iron Duke, writing to General Vane, said:—"I wish I had it in my power to give you well clothed troops, or to hang those who ought to have given them their clothing."

In the varied duties and responsibilities that fall to the lot of the medical profession in public life, the question of professional and individual *fitness* will inevitably be raised both in the profession and among the people affected by the official duties of the physicians occupying the stations of public responsibility. Our hospitals, medical schools, boards of health, and the organization and working of the army medical service, all and respectively bear their own unmistakable testimony to the necessity and the high obligation that rest alike upon the profession and the public to place the right men in the right places. And although it is true that the attainment of commanding or influential positions of official medical service in this country usually depends upon extraordinary personal effort directed by talent and energies worthy of reward, yet it must be confessed that the interests of the medical profession and the welfare of society would be greatly enhanced by the existence of a competent tribunal or system that should be equivalent in effect to that of *concours* in determining the relative and real status of all candidates for professional appointment or promotion. But for the present we can hope for no other or better tribunal than that constituted by the public sentiment and testimony of the profession itself. And this tribunal, though hitherto unorganized, may eventually find systematic and uniform modes of expression through the agency of the American Medical Association. Whatever system may eventually prevail among us for determining and thereby elevating the standards of qualification for public positions in the profession, we may hope that system will encourage and not repress honorable aspirations and efforts. There is, however, one branch of our profession that, from the very nature of its own peculiar relations to the national government, possesses the means of elevating and properly defining the views not only of the entire medical profession, but the ideas of the public at large, respecting the resources and spirit of our profession: we refer to the Army Medical Staff.

The columns of this journal have borne frequent and uniform testimony to the noble animus and beneficial influence of the Military Medical Staff upon the profession at large; and in the present eventful period, we may justly look to our devoted brethren in that staff for exhibitions of the noblest qualities and largest resources of medical men. Also, in respect of the humanity, zeal, and patriotism of that staff, much has justly been expected, but certainly not more than its leading members have already manifested; for what could exceed that excellent beginning of extra efforts for the health of the army by the acting Surgeon-General in calling upon the Secretary of War for the institution of a "Commission of Inquiry and Advice in respect of the Sanitary Interests of the United States' forces." Said SURGEON WOOD, in his letter of May 22d:—

"The sudden and large increase of the Army, more especially of the volunteer force, has called the attention of this office to the necessity of some modifications and changes in the system of organization, as connected with the hygiene and comforts of the soldiers; more particularly in relation to the class of men who, actuated by patriotism, have repaired with unexampled promptness to the defence of the institutions and laws of the country.

"The pressure upon the Medical Bureau has been very great and urgent; and though all the means at its disposal have been industriously used, much remains to be accomplished by directing the intelligent mind of the country to practical results connected with the comforts of the soldier by preventive and sanitary means.

"The Medical Bureau would, in my judgment, derive important and useful aid from the counsels and well directed efforts of an intelligent and scientific commission, to be styled, 'A Commission of Inquiry and Advice in respect of the Sanitary Interests of the United States Forces,' and acting in co-operation with the Bureau, in elaborating and applying such facts as might be elicited from the experience and more extended observation of those connected with armies, with reference to the diet and hygiene of troops, and the organization of military hospitals, etc."

What other department of the Government service has expressed such humane and patriotic solicitude, and what other Bureau has so fearlessly and effectually overstepped both precedent and prejudice, and from the beginning of the war demanded the best aid that could be rendered by the ablest talent in the country—civil as well as military. We are fully justified in asserting that the Army Staff, in that letter of Dr. R. C. WOOD, one of its noblest and most loyal representatives, and its then acting chief, has given a true index of the progressive and liberal spirit that animates its members; while the hearty co-operation of the military Medical Directors with the Sanitary Commission throughout the whole line of the army, proves that army surgeons are not guilty of the petty jealousies and narrow views that are supposed by some to be inseparable from military life.

Now the point to which we beg to direct attention is this: viz. "The necessity of some modifications and changes in the system of organization, as connected with the hygiene and comfort of the soldiers," as so candidly stated by the veteran Dr. WOOD.

The ordinary regimental and hospital duties of our army surgeons have been well performed; and although some improvements are needed, Congress and the War Department are responsible for their delay: in years gone by the Medical Bureau has repeatedly and in vain petitioned for them. But the fact stated in the letter above quoted pre-

sents a new and most important question: viz. "How shall sanitary measures be effectually applied in military encampments and hospitals?"

The ordinary service of the army surgeon is mainly *executive*, but here is an acknowledged necessity for a class of purely *administrative* and *inspectorial* labors, for which the existing organization of the Staff does not sufficiently provide. It is true that hitherto the inspectorial and administrative duties in military hospitals and camps have been combined with the ordinary executive duties of the surgeon, while only the bureau service of the Surgeon General's office at Washington has been exclusively administrative. But the experience of the Sanitary Commission, with its score of sanitary inspectors, has fully confirmed the statement of Dr. WOOD, that there is a necessity for some changes in the organization of the Army Medical Department, connected with the hygiene and comfort of the soldier.

We have noticed with much satisfaction that the Medical Bill now before Congress, provides that all the medical officers of the *administrative* branch of the staff are to be *selected* and appointed by the President, and approved by the Senate. Complaints have reached us that the eight or ten officers of that branch of the service might, and probably will be filled by others than the oldest members of the staff. Such might be the result; but we say, let it be so, if that is to be the inevitable result of honest efforts to put "the right man in the right place." But the fallacious and foolish idea, that the mere selection and appointment to such duties is to be regarded as a promotion or an elevation to really higher honors, ought not to be entertained. The true physician can have no more honorable duty than that of actual ministrations to the sick and wounded. The best surgeon of the entire staff might be the very poorest Sanitary Inspector and administrative officer. Indeed, it is stated by SIR JAMES MCGREGOR that he found great difficulty in selecting suitable men for the inspectorial and administrative duties of his staff; but he believed in the principle, and carried out the practice of such selection. The large knowledge of human nature, the discreet and sound judgment, and the special culture and experience required to render a person fit for the duties that will be required of the few administrative officers under the proposed Medical Act, would seem to make it plainly a duty that they should be selected and appointed solely upon the ground of greatest fitness. And if we have correctly estimated the excellent qualities of head and of heart that have long characterized the senior members of our Army Staff, they will not be found in opposition to this feature of the proposed Act for reorganizing the Medical Department of the Army. Whatever may be the other features of that Bill, this must be regarded as a wise and just provision.

It being manifestly the first duty of the Government and of the Medical Staff to cause all the administrative offices of the Medical Department of the Army to be filled by those members of the corps who have the largest administrative talent and experience, for the sake of human life and the strength of the Forces, we need not be anxious first to determine whether this system of *selection* might not diminish some of the incentives to faithfulness that the old system of inevitable *succession* by seniority might encourage. The welfare of the entire army being the chief object of concern, such a query can have little weight. But then we

know that in our own, as in any other useful calling, the sure recognition of actual merit and fitness is an incentive equalled only by the power of conscience and the love of doing good. This question was thoroughly discussed and triumphantly settled by SIR SIDNEY HERBERT'S Commission of Inquiry into the Regulations affecting the Sanitary Condition of the British Army; and now, by a Royal warrant, all the administrative offices of the British Staff are filled by selection, while the regimental and executive service continues very properly to be regulated upon the basis of promotion by seniority, subject to just exceptions in favor of unusually meritorious services and ability. In the French system, with its seven grades of rank above the *Médecins sous-aides*, the three highest ranks, viz. the seven *inspecteurs généraux*, and the eighty *Médecins principaux* in two classes—the promotion is *solely by selection*; while in the four next subordinate ranks, the promotions are about equally by selection and by seniority.

With such examples, and with the unanimous sentiment of the medical profession in civil life in favor of the principle of *selection*, let our enlightened brethren of the Army Staff see to it that the changes effected by the proposed Act be worthy of the spirit and claims of the profession, and adequate to the exigencies of the times. We believe that the principle of *selection and fitness* versus *succession by seniority*, will be recognised and approved by Congress; and upon the Army Staff itself rests the responsibility of having that principle wisely operative and justly limited and guided by the proper authorities and regulations. And as affording some practical suggestions as to the proper character of those regulations and the authorities concerned in the selection for the administrative branch of service, we will here quote from the recommendations officially reported in reference to this subject by the HERBERT Commission:—

"The first consideration must be *the efficiency* of the public service, and for this, as it appears to us, *selection* for the highest ranks and employments is *indispensable*. * * * In the two upper or inspectorial ranks we hold that the public interests require that promotion should go by selection of the ablest and most efficient officer; and, in recommending to the Commander-in-Chief, who is responsible for all promotions, the officer to be promoted, we are of opinion that the Director-General should always notify the *relative position of the officer in his rank, and the grounds on which the selection is made*. * * * These selections would, of course, be founded partly on personal observation, partly on the case books of the medical officers, partly on public reports and despatches, and partly on confidential reports made by the principal medical officer on each station, of the character and capabilities of the officers serving under him."

THE WEEK.

WE have received numerous responses from country practitioners heartily endorsing our appeal to the country to aid the friends of sanitary reform in this city, in obtaining the passage through our present Legislature of a Health Bill, and promising hearty co-operation. It appears that much of the small-pox now prevalent in this and adjacent States is directly traceable to New York. Dr. COPELAND, of Jefferson Co., N. Y., writes: "We have had small-pox here now for over eight weeks, and it is still spreading. I have also means of knowing that it came direct from the

vicinity of New York city." Similar statements are made by physicians in Oneida, Westchester, Albany, and other counties. We hope our country friends will make their influence felt at Albany by petitions and letters. We append an outline of the Metropolitan Health Bill:

ABSTRACT OF "*An Act concerning the Public Health of the Counties of New York, Kings, and Richmond, and the waters thereof*," commonly called the METROPOLITAN HEALTH BILL.

SEC. 1. Provides for the appointment, by the Governor and the Senate, of seven citizens of the district, three of whom shall be practising physicians, and who, with the Health Officer, the Mayors of New York and Brooklyn, and Chairman of the Supervisors of Richmond county, shall be called the METROPOLITAN BOARD OF HEALTH. The members first appointed shall serve from one to seven years, and one shall afterwards be appointed annually to serve seven years.

SEC. 2. The said Board of Health are given full power and authority to administer all the laws relating to the public health, interments, registration of births, marriages, and deaths; and also to determine and regulate the diseases and vessels subject to Quarantine, and the anchorage of infected vessels; also to enforce the laws prohibiting or regulating the sale of poisonous, adulterated, or unwholesome drugs, medicines, and food.

SEC. 3. Gives to the Board of Health the power to enforce the cleanliness of the streets and public places.

SEC. 4. Gives control of domiciliary nuisances, houses unfit for dwellings are prohibited, and landlords are required to keep their premises in proper condition, and penalties for neglect are prescribed.

SEC. 5. All institutions, supported wholly or in part at public expense, are required to make such reports to the Board of Health as may enable them to ascertain the sanitary condition of any part of the district. The appointed members of the Board are subject to removal in the same manner as sheriffs. "A practising physician of skill and experience" shall be appointed chief executive officer, and an Inspector of Health for the county of Kings, of like qualifications.

SECS. 6 and 7. Fix the emoluments of the appointed members of the Board, and mode of defraying the expenses incurred for the administration of the Act.

SECS. 8 and 9. Repeal all inconsistent laws, and direct the immediate organization of the Board of Health.

—
In another column will be found a statement in regard to the sickness in GEN. LANDER'S division, and the praiseworthy efforts of SURGEON SUCKLEY, the Medical Director, to effect needed reforms in the hospitals. There has been a large amount of sickness in this division, the diseases being mostly measles and its sequences, typhoid pneumonia, typhoid fever, etc. Under the rigid medical discipline which this officer will introduce we shall have reason to expect a marked reduction of mortality from this class of diseases.

—
THE New York Medical College will close its session on March 4th. The address on the occasion will be given by PROF. PERCY.

—
THE State of New York has a stringent law against the sale of poisons, but it did not prevent two accidents last week. The first was the poisoning of the prisoner Gordon by strychnine, introduced into his cell at the Tombs. In the second case a person is reported to have bought two ounces of strychnine of a respectable druggist, with which he very summarily disposed of his life.

Army Medical Intelligence.

LIST OF THE NAMES OF SURGEONS AND ASSISTANT SURGEONS APPOINTED TO THE VOLUNTEER REGIMENTS OF THE STATE OF NEW YORK, SINCE JAN. 24, 1862, AND THE CHANGES WHICH HAVE OCCURRED IN THE REGIMENTS IN THE FIELD FROM THE SAME DATE.

Feb. 2, 1862.—Augustus Campbell, M.D., Surgeon 77th Regt., vice John L. Ferry, resigned. Feb. 4.—James Wilson, M.D., Surgeon 39th Regt., vice Eli Samuel Ruggles, not reported for duty. Feb. 10.—William H. Rullison, M.D., Assist. Surgeon 15th Regt., vice Archibald F. Mudie, resigned. Feb. 11.—Eldred F. Gray, M.D., Surgeon 4th Regt., Eagle Brigade, organizing at Buffalo.

CONDITION OF THE SICK AT CUMBERLAND.—A private letter from Cumberland gives us the following item:—"The number of sick in the city is particularly frightful. Every suitable building that is available is filled—some to their utmost capacity, and the cry is still they come. The suffering consequent on such a rapid increase of the number of sick has been great indeed. I am of the opinion that not a little of it is owing to the lack of system in the management heretofore of the hospitals, everything being in confusion. A new idea of things has taken place, under the management of Dr. Geo. Suckley, a young physician from Washington. He has been assigned the charge of the hospitals here, and he is an unusually skilful and intelligent surgeon. Owing to him and the ever kind and sacrificing ladies of the city, accommodations are getting into a better state."—*Wheeling (Va.) Intelligencer*.

[We append Surgeon Suckley's two first Special Orders.—ED. MED. TIMES.]

SPECIAL ORDER—No. 1.

MEDICAL DEPARTMENT, GENERAL HOSPITAL,
CUMBERLAND, Md., Feb. 15, 1862.

Our crowded Hospitals are at any moment liable to destruction by fire. With inadequate means of prevention and of escape a frightful loss of life might occur.

To guard against such a calamity, I hereby direct all the Medical Officers to report forthwith to me what additional means of escape from the upper stories can be provided.

Wherever practicable, Hospitals merely separated by a partition wall will have doorways of escape from one building to another cut through the wall on each floor.

The purchase of 160 Water Buckets is ordered. These will be distributed to the different Hospitals, where the Medical Officers in charge will direct at least four to be placed on the floor of each story, in an accessible place. They will be kept filled with water at all times, and not to be used for any other purpose whatever. A severe penalty will follow any infringement of this rule.

Each Medical Officer will draw up a set of Regulations for the conduct of Nurses and Patients in case of a fire alarm. These, as well as the present Order, to be conspicuously posted in each Hospital.

A Fire Alarm Drill is ordered daily in each Hospital Building.

GEORGE SUCKLEY, M.D.,
Brigade Surgeon and Medical Director.

SPECIAL ORDER—No. 2.

MEDICAL DEPARTMENT.

1. The Medical Director has noticed during his visits at the various Hospitals several patients in a dying condition, who seemed to have been allowed to run down with but little attempt on the part of the Medical Officers to sustain or revive by the judicious and free use of alcoholic stimulants.

2. Among our patients there are many who, although not absolutely suffering from typhoid fever, are nevertheless afflicted with disorders upon which the typhoid poison has made a decided impression.

3. It is desired that, in future, patients in a failing condition will be *stimulated and fed* before they get too low; and it is ORDERED that no case be treated as *hopeless until death has taken place*.

4. Stimulus and nourishment in many cases are our only wise medicaments. Food is our best tonic, stimulus gives temporary strength for its digestion. Medical officers practicing in the General Hospitals at this Depot, are recommended to combine fluid food with stimulus whenever practicable. Egg-nog, milk punch, chicken broth, mixed with wine or spirits, are all far better than raw spirits and water, except when a rapid and sudden effect is desired.

5. Perhaps there is no better test of a Physician's ability than that afforded by his practice in the administration of stimulants. Nauseating, small spoonfuls frequently repeated, very soon become repulsive. Heroic doses at longer intervals are far better. For example: A small wine-glass of milk punch administered every fifteen or twenty minutes, scarcely stimulates and but feebly revives. The patient is incessantly annoyed by the attention and officiousness of his nurse; his rest is broken, and he soon becomes disgusted with the very smell of the mixture. On the contrary, a tumblerful, as near as practicable, given say once in two hours, rouses the whole nervous system; the pulse comes up, a short sleep is gained, the patient is nourished and refreshed.

6. Milk punch becoming distasteful, egg-nog may be substituted, or any other palatable nourishing stimulus.

7. In conclusion, it is not only desired (as in paragraph 3) but strongly advised, that the physicians here employed will stimulate and nourish their patients before they run down too low; and not, as is frequently the case, follow an obvious indication only when the suffering patient is at the last gasp—thus justifying the remark once made by an old hospital patient, that he "never had seen a doctor give a patient brandy unless he was sure to die!"

All requisitions for stimulus to a reasonable amount, made on the Medical Director, will be duly honored.

GEORGE SUCKLEY, M.D.,

Brigade Surgeon, Medical Director, Lander's Division.

GENERAL HOSPITAL, CUMBERLAND, Feb. 17, 1862.

HEALTH OF TROOPS IN MISSOURI.

ST. LOUIS, Mo., January 21, 1862.

[Army Correspondence of the AMERICAN MEDICAL TIMES.]

We are still encamped in tents, and the health of our regiment very good, having recovered rapidly since our march from Springfield. During that trip we had over one hundred cases of measles, and nearly all were treated while being transported in Government wagons, and knocked about on the march. Out of one hundred and four cases ten died of measles and its consecutive diseases, pneumonia and dysentery; this is not a greater percentage than in the hospital at St. Louis, in which that disease is treated. I am perfectly satisfied if we could have had these cases in tents, we should not have lost any, but they were jolted in wagons (I do not mean ambulances), and exposed to all kinds of weather and hardships. Considering what they passed through it is most remarkable all did not perish.

I found the cooler the patient was kept, "if not cold," the less the eruption, and the less the eruption the quicker the convalescence. In those kept warmly covered the eruption would be profuse, and the patient very sick at the stomach, and greatly prostrated, and recovery was slow. I am fully convinced if all the cases of this disease were treated in tents, instead of warm houses, it would prove more beneficial and less destructive to life. During the month of December we had three quite sudden deaths, and all within three days; they presented some very unusual symptoms. The first two cases were treated in quarters, five days, for diarrhoea, with the usual remedies for that disease, and with varying success as to checking it for a time; but as they got no better I sent them to the hospital, as being more comfortable. Soon after going there they began to have a remitting type of fever; tongue became dry and red; subsultus; one had some tenderness over stomach and bowels, and the other none; pulse became very frequent, 120 to 160, feeble; and for two days before death could

not be felt at wrist. The mind was wandering for the last forty-eight hours.

I regarded the cases as remittent fever with diarrhoea, and taking on a typhoid character, and treated them on the supporting plan—whiskey, beef-tea, counter-irritation, anodynes to check bowels—but they died in five days after entering, and ten days from first attack. Post-mortem examination showed the mucous membrane of the bowels, from one end to the other, highly inflamed. Stomach red as beef, thickened, and contracted, and there was not an inch from the cardiac extremity of the stomach to the anus but what was in the same condition. Peyer's patches, which I supposed would be the seat of the difficulty, were thickened, but not ulcerated.

Here was something that typhoid never presented, and I concluded that these were cases of gastro-enteritis. What could be done for a disease running its course thus rapidly? I felt extremely anxious, for I had thirty cases following in their wake as rapidly as possible. I was satisfied that alcoholic stimulants must do injury to stomachs in that condition, and I discontinued it. The next day another man died, taken in the same way, followed by nearly the same class of symptoms, and was in hospital but five days. He had no tenderness over the stomach and bowels on hard pressure, no nausea, tympanites, petechiæ, or anything denoting the serious nature of the disease, except the small, weak pulse at first, and finally pulseless at the wrist; rather a pinched expression of countenance; tongue dry and red; subsultus; mind clear, until last twenty-four hours, then wandering. The autopsy showed exactly the same thing as the others, except that Peyer's plates were extensively ulcerated, and raised above the surface of the membrane an eighth of an inch, and large ulcers extended into the cæcum. All other organs in this and the other cases were healthy. But here seemed to be a case of genuine typhoid fever. What to do under such circumstances was a query to me; I was satisfied the old treatment of typhoid fever was useless, if not injurious here; indeed, nothing could do any good in such a state, but if anything was to be accomplished it must be early. I immediately changed my treatment in all the cases; went to cupping extensively over stomach and bowels, both wet and dry, whether there was tenderness or not; followed this with large blisters, and repeated, if necessary; I gave internally the following:—*B. Emul. gum. acaciæ* 3 iij.; *terebinthini* 3 j.; *olei ricini* 3 ss.; *tr. opii* 3 iss; *M.* Tablespoonful every two hours, or until the effect of opiate was produced. This was given to all cases suffering from diarrhoea; if the case was not troubled with that I omitted the oil, and gave the other. If any further stimulant was required I gave carb. ammonia, but no alcohol. From the time this change in treatment was commenced every case began to improve, and in a short time the dry tongue and other unfavorable symptoms began to change for the better. All those cases recovered, and many others which came after; but on the 12th of this month a man was admitted into hospital who had previously said, if he ever got sick he would never go to hospital, and the orderly had allowed him to remain in quarters six days, idling about complaining. He was finally sent to hospital, and he informed me that he had suffered from diarrhoea the past three weeks, more or less; that he had been to the steward, and got medicine twice, which had relieved him; he had done duty up to within six days. He had a little fever of remitting character; pulse 140, very feeble; tongue dry and red; a little subsultus; intellect clear, but a peculiar pinched expression of countenance. From his appearance, and the previous history of the other three cases, I was satisfied nothing could be done for him. I put him on the same course as I had followed with so many others, but nothing benefited him; he lived but four days after coming under treatment, and but ten after he was taken ill. His mind was clear, up to within twenty-four hours of death. Stomach quiet; no pain or tenderness on pressure; no tympanites or petechiæ, and but moderate diarrhoea. For two days previous to death he

was pulseless, and all the first symptoms continued. Once, the day before death, he vomited some blood and a little mucus; no vomiting except that. Post-mortem showed stomach red as beef, thickened and contracted duodenum, and about five feet of upper part of jejunum very red, and mucous membrane softened; then a short space not affected, but the lower portion was as bad as the upper. The ileum presented what I never saw before, and hope I may not see again. Every one of Peyer's glands was ulcerated to its fullest size, enormously raised and spread out like a full-blown rose, if I may use the expression. They would range from a five-cent-piece to the size of a dollar. Every mucous follicle and duct was thickened, raised, and ulcerated from the size of a pin's head to a pea. On passing through into the cæcum, at the junction of the ileum was an ulcer as large as a teacup. The whole mucous membrane to the rectum was in a frightful state of disorganization. Liver, kidneys, lungs, and heart, sound. I did not examine the brain, for I thought I had found enough. I suppose this is camp typhoid fever in its worst form, and nothing will save a patient when it has passed into that stage of disease; but by watching closely, after the diarrhoea, allowing no cases to pass without prompt attention, and following up vigorously the course I have indicated, I am satisfied most cases may be avoided. Many cases of remitting fever rapidly verge that way, but all as yet have yielded to that course properly carried out, though quinine frequently is demanded in the latter cases. The great difficulty I find is in distinguishing cases, and the only way I can do is to act as though all were of that nature; for thus far no symptoms indicate the serious character of the disease, until suddenly we find the patient with the frequent weak pulse, and peculiar expression of countenance, and then I conceive it too late to save him. The injury to the mucous membrane is too great to rally from, and death will follow. But why are all the symptoms of such a serious disease so obscure? how is it possible for such extensive disorganization to occur and no amount of pressure and punching will indicate it by expressions of pain? why are so many of the characteristic symptoms of typhoid fever absent, and yet it shows itself in the most virulent form? In old times, five or ten were required to get well under way, but here it proves fatal, unless checked. I think, by vigilance, and attending to sanitary arrangements about camp, etc., I shall avoid further loss. At present we have only 46 cases of all kinds under treatment, and 20 convalescing, which is very moderate. We have had three cases of variola, but as I have vaccinated the whole regiment twice over, I hope we may not have any more. There has been considerable sickness in the West among all the troops since our return from Springfield, but they are rapidly improving now.

Yours, etc.,

CHARLES H. RAWSON,
Surgeon, Iowa 5th Regiment Vol.

MR. WHITE COOPER ON THE SIGHT AS AFFECTED BY RAILWAY TRAVELLING.—Daily experience convinces me of the injurious consequences to the eyesight which have followed the introduction of railway travelling, and with it the strong inducements to read whilst on the journey. In the majority of cases, the publications so read are cheap papers or books purchased at the station, printed in imperfect type on thin paper. Under the most favorable circumstances, there is on railways a vibration requiring incessant efforts on the part of the muscles and adjusting apparatus of the eyes to follow the shaking words, and in proportion as the carriages are ill-hung or the line rough are these efforts great. Many persons never can read in railway carriages; a sensation of swimming in the head speedily follows the attempt. There can be no doubt that the practice is fraught with danger; the effort is analogous to that made by the muscles of the body to maintain the equilibrium, whence proceeds much of the stiffness and fatigue inseparable from long journeys.—*Lancet*.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 17th day of February to the 24th day of February, 1862.

Deaths.—Men, 105; women, 91; boys, 100; girls, 104—total, 400. Adults, 196; children, 204; males, 205; females, 195; colored, 8. Infants under two years of age, 125. Children reported of native parents, 23; foreign, 164.

Among the causes of death we notice:—Apoplexy, 8; Infantile convulsions, 30; croup, 11; diphtheria, 12; scarlet fever, 39; typhus and typhoid fevers, 11; cholera infantum, 0; cholera morbus, 0; consumption, 65; small-pox, 18; dropsy of head, 15; infantile marasmus, 18; diarrhoea and dysentery, 0; inflammation of brain, 12; of bowels, 10; of lungs, 28; bronchitis, 5; congestion of brain, 8; of lungs, 4; erysipelas, 4; whooping cough, 4; measles, 2. 221 deaths occurred from acute disease, and 23 from violent causes. 288 were native, and 117 foreign; of whom 72 came from Ireland; 9 died in the Immigrant Institution, and 55 in the City Charities; of whom 11 were in the Bellevue Hospital.

Deaths for the Week ending February 25, 1861	390
" " " " " " 24, 1862	400
" " " " " " 17, 1863	403

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Feb. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		W ind.	Mean amount of cloud.	Humidity, 1000
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	"	"	"	"	"			
16th.	30.20	.21	28	17	30	5	8	N.W.	9	650
17th.	30.19	.24	27	23	30	3	8	N.E.	10	841
18th.	30.00	.17	34	27	40	4	7 1/2	N. to S.W.	9	784
19th.	30.00	.30	35	31	40	3	4	N.E.	7	890
20th.	29.70	.30	33	24	38	4	7	N.W.	3	781
21st.	30.30	.30	33	23	34	5	7	W.	4	681
22d.	29.84	.40	36	30	42	8	6	W.	10	809

REMARKS.—16th, Clear A.M., variable P.M., hazy late at night. 17th, Hail and rain P.M. 18th, Light rain A.M., variable P.M., clear late. 19th, Hazy sunrise, variable A.M., snow storm commenced at 8 P.M., rain and lightning evening. Barometer fell four-fifths of an inch. 20th, Rain early A.M., afternoon variable, wind fresh early A.M. and P.M. 21st, Clear A.M., wind fresh, hazy at noon, variable afternoon, cloudy night. 22d, Very light rain A.M., variable noon, cloudy P.M.

MEDICAL DIARY OF THE WEEK.

Monday, March 3.	{ New York Hospital, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M.
Tuesday, March 4.	{ New York Hospital, Dr. Parker, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, March 5.	{ New York Hospital, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1a. Kos., half-past 1 P.M. EYE INFIRMARY, 12 M. ACADEMY OF MEDICINE, half-past 7 P.M.
Thursday, March 6.	{ New York Hospital, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Elliot, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, March 7.	{ New York Hospital, Dr. Parker, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, 12 M. Dr. Noyes's Lecture, half-past 1 P.M.
Saturday, March 8.	{ New York Hospital, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

The Regular Monthly Meeting of the N. Y. SANITARY ASSOCIATION will be held at 7 1/2 P.M., Thursday, March 6th, at Room No. 19, Cooper Institute.

At the last meeting, the following resolution was offered:—

"That, in the judgment of this Association, further State legislation is imperatively required to secure a more general and effective vaccination, so as framed as to avoid offensive compulsion if possible.

The above resolution will be taken up for discussion at the next meeting, immediately after the reading of the minutes.

Members of the medical profession are specially invited to attend.

NEW YORK COUNTY MEDICAL SOCIETY.—The Stated Monthly Meeting of this Society will be held at the College of Physicians and Surgeons, Fourth Avenue, corner Twenty-

Third street, on Monday next, March 3d, at 7 1/2 P.M. Papers on medical subjects and discussions expected.

COMMENCEMENT OF THE NEW YORK MEDICAL COLLEGE.—The Commencement of the New York Medical College will be held on Tuesday, March 4th, at 8 P.M. PROF. PERCY will deliver a valedictory address.

NEW YORK ACADEMY OF MEDICINE.—On Wednesday Evening, March 5th, DR. NEEGERATH will read a short paper "On Inversion of the Uterus;" after which, DR. I. E. TAYLOR will read a paper "On the Non-Shortening of the Neck of the Uterus up to the Full Term of Pregnancy, illustrated with diagrams of the different views entertained on the subject."

To Physicians.—Jerome C. Smith,

M.D., late of McLean Asylum, near Boston, is prepared to receive into his house, 107 East 39th St., a limited number of Epileptics or Nervous Invalids for care and treatment. He can give them superior accommodations, and command the services of the most approved nurses.

References.—D. Tilden Brown, M.D., Supt. Bloomingdale Asylum, Manhattanville, N. Y. Edward B. Chapin, M.D., Supt. Kings Co. Lunatic Asylum, Flatbush, L. I. Moses H. Ranney, M.D., Supt. N. Y. City Lunatic Asylum, Blackwell's Island. John E. Tyler, M.D., Supt. McLean Asylum, Somerville, Mass. Rev. Wm. Adams, D.D., No. 8 East 24th St.

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GERY. By FRANK HASTINGS HAMILTON, M.D., author of a Treatise on Fractures and Dislocations, Surgeon-in-Chief to the Long Island College Hospital, Surgeon to the Bellevue Hospital, New York, Professor of Military Surgery and of Diseases and Accidents Incident to Bones, in the Bellevue Hospital College. 8vo. Price, \$2 00.

This work embraces a consideration of the Examination of Recruits, the Hygiene of Troops, relating to Diet, Dress, Exercise, &c.; Accommodation of Troops in Tents, Huts, Barracks, &c.; the Construction and Location of Hospitals; Preparations for the Field; Flying Ambulances, Litters, &c., also, Gunshot Wounds, Amputations, Hospital Gangrene, Scourvy, &c. United States Army Regulations, with many other matters pertaining to Military Surgery.

BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

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On Diphtheria. By Edward Head-

LAM GREENHOW. 1861. Pp. 160. Price, \$1.35.

Our readers will find a very large amount of information in the twelve chapters of which the volume is made up. Perhaps in the present state of our knowledge on the subject of this obscurely understood disease, little more can be said beyond what may here be found written down.—*London Medical Times and Gazette*.

We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal*.

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A KNOWLEDGE OF LIVING THINGS WITH THE LAWS OF THEIR EXISTENCE. By A. N. BELL, A.M., M.D. One handsome volume of 318 pages, 12mo., illustrated by sixty wood engravings and two colored plates. PRICE ONE DOLLAR.

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Compendium of Human Histology.

—By C. Morel, Professor Agrégé à la Faculté de Médecine de Strasbourg. Illustrated by twenty-eight Plates. Translated and edited by W. H. Van Buren, Professor of General and Descriptive Anatomy in the University of New York: 1861. Pp. 307. Price, \$3 00.

It is the best compendious treatise we have seen. The plates are admirable, some of them illustrating most beautifully the views of Virchow upon the office of the cell in the formation of tissues, both normal and pathological.—*Boston Medical and Surgical Journal*.

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The unfriendly action of Copaiva on the stomach, causing nauseous eructations and gastric derangements, renders its continued employment often impossible. In Lebel's Savonules, the Balsam, by its saponification with an alkali, is modified in such a manner, that its digestion is easy and its absorption more ready, besides its elegant form and disguise under a coating of gluten, recovered by sugar as a dragée, neither offend the sight nor displease the palate.

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This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

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Successfully prescribed in *Dyspepsia*, *Gastralgia*, in slow and difficult digestion, in chronic diseases, and also to arrest vomiting during pregnancy.

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Each Granule contains one-third of a grain of Hydro-alcoholic Extract of Digitalis Purpurea. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Palpitations of the Heart*, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations*, *Aneurisms*, and *Hypertrophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

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These Dragées compound of Santonine and Jalapine are at the same time vermifuge and purgative—being coated with sugar they are pleasant to take, even for children. Each Dragée contains half a grain Santonine and one-fifth of a grain of Jalapine, with chocolate and coated with sugar.

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Approved by the French Academy of Medicine.

The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis*, *Widows*, *Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

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Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia*, *Headache*, convulsions of the stomach, &c., &c. It is favorably spoken of by Dr. Trouseau, Pidoux, Grisolle, &c., &c.

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The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility*, *Anemia*, *Dyspepsia*, *Neuralgia*, and principally where a nervous tonic is indicated.

Dose.—Two to four Dragées, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as cod liver oil. Dose.—A teaspoonful two or three times a day.

No. 19 Rue Bourbon Villeneuve, Paris.

Original Lectures.

LECTURES ON NEW REMEDIES AND THEIR THERAPEU- TICAL APPLICATIONS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.

By SAMUEL R. PERCY, M.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE IV.—PART III.

IODINE AND ITS COMPOUNDS.

LET US NOW consider the various compounds of iodine; the most important of these is the

IODIDE OF POTASSIUM—POTASSII IODIDUM—formula KI.

There are many methods of preparing this salt; the following is, I think, the best. To a freshly prepared and cold solution of caustic potash, sp. gr. 1.33, dry iodine is gradually added with constant stirring, until the solution acquires a brownish yellow color. After being allowed to stand for some hours, the whole is poured into a porcelain dish and evaporated to dryness, then finely powdered and intimately mixed with one-twelfth its weight of powdered wood charcoal, and the mixture projected by spoonfuls into a red hot crucible; when the whole is thrown in, the heat is continued for ten minutes, and the contents then thrown into a clean open vessel. When cold, the salt is dissolved in hot water, filtered, and evaporated slowly to crystallization. The mother liquor is carefully drained off and again evaporated to crystallization. The last portions usually contain a small amount of carbonate of potash, to which alcohol is added, which dissolves out the iodide but leaves the carbonate of potash. The addition of the charcoal, and the application of heat, are to convert the iodate of potassa (KO, IO_3) into iodide of potassium (KI).

Iodide of potassium crystallizes in white cubes and octahedrons, which are without odor, and of a pungent, saline, and unpleasant bitter taste. It is necessary to keep them in a dry place, for they readily absorb water from the atmosphere, and become yellow and moist. It dissolves in three-quarters its weight of cold, and half its weight of hot water. It is very soluble in ether and alcohol.

Therapeutical Applications.—This preparation of iodine is more frequently used than any other, and iodine itself is seldom used unless it is in combination with this salt, as in the compound tincture and solution before referred to. It is milder in its action than iodine, and produces much less gastric disturbance; but if taken in full doses, the eructations and sense of heat in the stomach are quite unpleasant. As this salt is applicable in nearly all cases where iodine is required, and as we have given you the therapeutic action of iodine, it is unnecessary to repeat it here. The compound of iodine with iodide of potassium is asserted by some not to be a simple solution, but that the iodine is chemically combined with it, and is a definite chemical compound. A slow reaction is also said to take place between iodide of potassium and nitric ether, forming hydriodic ether and nitrate of potash; the decomposition may be thus expressed: $C_2H_5O, NO_3 + KI = C_2H_5I + KO, NO_3$. The medicinal effects in neither of these cases would be interfered with.

Iodide of Ammonium has been very highly recommended as superior to iodide of potassium in secondary syphilis. Dr. Gamberini, of Bologna, has written a monograph on this salt, and has pointed out the advantages it possesses in the treatment of syphilis over the other iodides. But other physicians have not found the advantages he claims, and its exceedingly deliquescent nature renders it inconvenient to use. Upon theoretical grounds, there would be no advantage in this salt.

AM. MED. TIMES, Vol. IV., No. 10.

Iodide of Starch was first recommended by Dr. A. Buchanan of Glasgow, as a means of administering large doses of iodine without irritating the stomach. It is prepared by rubbing twenty-four parts of starch powder with twenty-four parts of cold distilled water, and to this solution one part of iodine in twelve parts of alcohol is added. When well mixed it is washed with cold water, thrown on a filter, and water added till it runs off quite colorless. It is dried without heat, and kept in stoppered bottles. A soluble iodide of starch has been made by moderately roasting the starch, and thus converting it into dextrine, before it is mixed with the iodine. The soluble iodide of starch thus formed may be made into a syrup, which is of a splendid violet-blue color, and contains two and a half per cent. of soluble iodide of starch, and about quarter of one per cent. of iodine. The iodide of starch has been but very little used, although it seems to be much less irritating than some of the other preparations of iodine. It was at first given upon the theory that all the different preparations of free iodine united with the starchy materials of the food, and in the stomach were converted into iodide of starch; but this theory does not hold good. That the iodine is absorbed has been proved by the presence of iodine in the urine within a short time after it has been taken. A colorless iodide of starch was presented last year to the French Academy of Sciences by M. Duroy, who brings the iodide in contact with yeast, and thus deprives it of its color; in this state it is very soluble in water, insoluble in alcohol, sweet, gummy, and incapable of crystallization. The addition of yeast, then, would have some influence in the detection of iodine by starch.

You will remember that, in my lecture on iodide of iron, I told you that I had occasionally seen colored particles of iodide of starch pass with the feces. You will not often see these colored particles, only in those cases where the food is undigested and passes rapidly through the intestines, for all the secretions of the body have the property of depriving the iodide of starch of its color. The saliva, the nasal and pulmonary mucus, the blood and the urine, when added to small quantities of iodide of starch, completely deprive it of color; the same decolorization also takes place if applied over an ulcer, and the sweat produces the same result. These are facts that are readily noticed by any observing person. But, in addition to these, Dalton has demonstrated to us that the gastric fluids decolorize the iodide of starch almost immediately upon contact with them, and that the iodine leaves the starch, enters into combination with the organic matter, is absorbed, passes through the circulation, and is discharged in combination with other substances in the urine. It was formerly a universal recommendation, it is at present very frequent, to administer iodine and its compounds at intervals between meals, fearing that it should combine with the starchy matters of the food, and thus become insoluble and inert. But we see by the experiments performed by Dalton that such directions are entirely unnecessary, as the starch, even if given in combination with the iodine, cannot retain it in combination in presence of the digestive fluids, unless the iodine is in great excess. The iodine unites, in some peculiar way, with these organic substances, leaving its combination with the starch; and that such union does not take place with an alkali presented in the fluids, but owing to some peculiar property of the organic substances themselves, is proved by the effect being equally produced by the acid secretions.

HYDRARGYRI IODIDUM, Hg.I.

Proto-Iodide of Mercury.—**Iodide of Mercury.**—**Mild Iodide of Mercury.**—**Green Iodide of Mercury.**

Preparation.—The U. S. Dispensatory directs that one ounce of mercury and five drachms of iodine be rubbed together with a sufficient quantity of alcohol to form a soft paste, continuing the trituration until the globules disappear. It is then dried with gentle heat, and kept in well stoppered bottles in a dark place. The iodide prepared in this man-

ner frequently contains a considerable quantity of the biniodide of mercury (the preparation we will next speak of), and to remove this, a better method of preparation is required. By the following formula this compound may be obtained pure:—Eight parts of mercury are triturated in a porcelain mortar with five parts of iodine, to which a few drops of alcohol are added from time to time, and the trituration continued until the whole is converted into a dark yellowish green powder, and no traces of metallic mercury are visible even under a magnifying glass. The operation should be conducted in a moderately dark place, or the mortar should be covered with a cloth to exclude the light. Alcohol is now added by degrees, constantly triturating, until the whole is reduced to a thin paste, which may be thrown upon a filter in a dark place, and washed with alcohol until the alcohol which passes ceases to give a black precipitate or turbidity with sulphuret of ammonium. The whole may now be dried with a gentle heat, put into a closely stoppered bottle, and kept in a dark place. You will observe that this formula is, in substance, the same as the one above given, excepting that it directs the product to be washed with alcohol, which dissolves out any biniodide formed, as that substance is soluble in alcohol, whereas the iodide is insoluble.

The proto-iodide (or mild iodide) of mercury is a dark greenish yellow, tasteless, and odorless powder, insoluble in water and alcohol, wholly volatilized by heat. You will observe as I expose it to heat in this test-tube, it first becomes of a reddish color; as the heat is continued it becomes yellow; the iodine is now passing off, as you see by the violet-colored vapor, and the crystalline plates of iodine on this cold portion of the tube; the mercury, in metallic form, is deposited around the tube lower down.

HYDRARGYRI IODIDUM RUBRUM, HgI.

Hydrargyri Biniodidum.—*Hydrargyri Periodidum.*—*Red Iodide of Mercury, Biniodide of Mercury.*

Preparation.—Dissolve five parts of corrosive chloride of mercury in 100 parts of water, and add a solution of iodide of potassium, dissolved in ten times its weight of water, so long as a precipitate forms, taking care that an excess is not added. The amount of iodide of potassium required will depend upon its purity, but generally from six to seven parts. Collect the precipitate upon a filter, wash with distilled water, and dry with a gentle heat. It must be kept in a well-stoppered bottle in a dark place.

As thus prepared it is a brilliant scarlet powder, without taste or odor. As prepared by the Edinburgh process it is in crimson acicular crystals. Water dissolves but a mere trace of it. You see that both the powder and crystals are soluble in alcohol, in solutions of chloride of sodium, iodide of potassium, and mercurial salts, by which means it may be separated from red oxide of lead, cinnabar, and other adulterations. Heated in a test-tube you see it becomes yellow, fusing to a brownish yellow liquid, and now it is sublimed in the upper part of this tube in a yellow crystalline mass, which as it cools becomes gradually red. This change of color from yellow to red proves its dimorphous character, and is dependent upon its different crystalline form. This compound is frequently given in combination with iodide of potassium, the potassium salt being very largely in excess; but there is a definite formula for the preparation of the *Iodohydrargyrate of Potassium*, which we will give before we treat of the therapeutic action of these two last preparations.

Iodohydrargyrate of Potassium.—Dissolve three and a half grains of pure iodide of potassium in one ounce of distilled water, to which add four and a half grains of the red iodide of mercury. The dose is from two to five minims, containing from the thirtieth to the twelfth of a grain. This compound was recommended by Dr. Channing in 1834, but Bousdorff had investigated its chemical character in 1826, and stated that it consisted of mercury acting as an acid, and iodide of potassium as a base. Such is not my opinion, but I give you the formula.

Uses of the Iodides of Mercury.—The mild iodide has been largely employed in the treatment of primary syphilis. Some have used it in preference to other forms of mercury, asserting that it is less liable to produce salivation; others, from its combination with iodine, that it more quickly causes absorption and removal of the syphilitic poison. But its most useful application is in the disease above mentioned, associated with scrofula. When pure, its action on the system very much resembles calomel, but it requires much more care in its administration. Even when freshly prepared, unless the precautions we mentioned to you are observed, it frequently contains more or less of the more powerful compound, the red iodide; even if perfectly pure when made, if it is subjected to light, or to damp atmosphere, a change takes place, whereby a portion is decomposed, and red iodide and metallic mercury formed. When made into pills and kept for a length of time, the same change frequently takes place. A change also is produced in it when combined with iodide of potassium. You should remember, then, in administering this agent that it is very liable to change, and may easily be converted into the red iodide. These two preparations bear much the same relations to each other that the two chlorides of mercury do. We are therefore enabled to understand why there has been so much difference of opinion respecting the effects of this mild iodide; some asserting that it is a powerful irritant poison in doses of one or two grains, and others contending that it may be safely administered in the same doses as calomel. The former class have undoubtedly used an impure article, containing red iodide, while the latter have used a pure article free from this impurity. If pure, it may be safely administered in doses from two to ten grains, but its exhibition in large doses is, in my opinion, seldom needed; for, if used, it is for its constitutional, not for its purgative effects, and this may be produced by doses of one grain better than by doses of ten grains. If the constitutional effects of the remedy are needed, one grain may be administered every two, four, or six hours, if necessary in combination with opium. Its most convenient form of administration is as follows:—Mix it with a small quantity of finely powdered sugar, place the whole upon the tongue, and take a swallow of water. It has been used in the form of ointment in skin diseases of a scrofulous character, and also as an unction to produce salivation; but it is liable to the same changes in the ointment that I have before mentioned, and therefore should be used with great caution.

The Red Iodide of Mercury is much more powerful in its action than the proto-iodide, and much resembles the corrosive chloride of mercury in its effects, and is used in the same class of diseases. It is generally administered internally in solution of iodide of potassium, and on this account is frequently given in cases of strumous syphilis. It has been much employed in the form of ointment in obstinate skin diseases, especially in lupus. When the ointment is applied to the skin, after a few applications it produces a feeling of heat and smarting which lasts for several hours, and leaves the skin reddened and irritated for some time. If the application is continued, the reddened surface is covered by a number of minute serous vesicles, which, when they dry up, have an epidermic crust. This treatment has been adopted with much benefit by some of the French physicians in acne, and in some of the more obstinate syphilitic skin diseases.

Arsenici Iodidum, AsI.—Iodide of arsenic is prepared by rubbing one part of arsenious acid with four parts of iodine to a very fine powder. The mixture is then put into a flask, and gentle heat applied until liquefaction occurs, and then poured out on a porcelain slab. The iodide of arsenic is an orange red crystalline solid, soluble in water, and volatilized by heat. Its principal use is in preparing the iodide of arsenic and mercury. It is not much employed in medicine, but is occasionally used in obstinate skin diseases, both internally and as an external application.

Liquor Arsenici et Hydrargyri Iodidi.—*Solution of the Iodide of Arsenic.*—*Donovan's Solution.*—Take of the iodide

of arsenic, red iodide of mercury, each thirty-five grains; distilled water half a pint. Rub the iodides with half a fluid ounce of the water, and when they have dissolved, add the remainder of the water, heat to the boiling point, and filter. (U. S.) This solution was introduced to the notice of the medical profession, by Dr. Donovan of Dublin, in a paper in the *Dublin Journal of Medical Sciences*, for Nov. 1839, though the formula above given is that recommended by Prof. Proctor. As thus made, it is of a pale yellow color, and styptic taste.

This solution has been much used as an alterative in the treatment of many of the obstinate forms of disease of the skin, as lupus, pityriasis, psoriasis, porrigo, impetigo, herpes, and lepra, and in both the papular and scaly eruptions of syphilitic character. The dose prescribed by Dr. Donovan is from five to twenty drops, three times a day, in water. It is incompatible with opium and its alkaloids. Doses of twenty minims contain one twenty-fourth of a grain of arsenious acid, about one-twelfth of a grain of deutoxide of mercury, and about one-fourth of a grain of iodine. In doses of twenty minims it is apt to create gastric disturbance, and if continued for many days will produce salivation; it is therefore better to administer it in smaller doses, especially as in many of the diseases in which it is used it is necessary to continue its use for some time. In the short time left to me I cannot dwell too long on any one article; I must therefore refer those of you who feel inclined to study this subject more deeply to the papers of Dr. Donovan, and that of Dr. I. E. Taylor, in the *Am. Jour. Med. Sciences*, v. 319.

Of the iodides of gold, iron, lead, manganese, silver, sulphur, and zinc, we have spoken when treating on these different metals.

Iodoform, $C_2H_5I_3$.—Dissolve two parts of carbonate of potash in five parts of water, in a long necked flask; to this solution add two parts of iodine and two parts of alcohol; place the flask in a hot water bath until the solution is colorless. When cool, the greater part of the iodoform crystallizes out, and the yellow scales are collected on a filter, washed with water, and dried, by pressing several times between folds of filtering paper. Iodoform forms yellow laminated scales, which are soft to the touch, and possess an odor resembling chloroform and iodine, or something like saffron; it has at first a peculiar sweetish taste, which soon becomes disagreeably strong of iodine; it volatilizes at the ordinary temperature of the air. Water dissolves about $\frac{1}{1000}$ part. It is soluble in eighty parts of cold alcohol, and twelve of boiling alcohol. It is soluble in ether.

This substance has been used as an antiseptic and antiasmatic. "Taken internally it produces all the effects of iodine, without any irritation, and has been given in doses ranging from one to seven grains. It has likewise been employed with asserted beneficial effect as an inhalation in diseases of the lungs, and externally in the form of suppositories and ointments."*

Original Communications.

ON CERTAIN OF THE ACCIDENTS WHICH MAY FOLLOW VACCINATION.

By HENRY M. LYMAN, M.D.,
HOUSE SURGEON TO BELLEVUE HOSPITAL.
(Concluded from page 121.)

We have seen how formidable are the consequences which may follow the use of vaccine lymph that is unhealthy, or that has undergone a process of putrefactive decomposition; the progress of our investigation will show that disturbances of a very similar character may occur, even though the lymph be of the most unexceptionable nature. It is well known that the inflammatory process is often affected by various atmospheric influences; there are epidemic seasons in the course of which no wound, how-

ever slight, can be induced to heal kindly; and it has been remarked that in certain conditions of the system, conditions which may be either congenital or accidental, inflammations are prone to become asthenic and uncontrollable. If, under such conditions, the simplest incision with a clean instrument will not heal without extensive suppuration, or even sloughing, what may we not reasonably anticipate as the consequence of a poisoned wound? In his learned essay on the variolæ vaccinae, Mr. Ceely stated (*Trans. of the Provinc. Med. and Surg. Soc.*, vol. viii., p. 345) that he had often observed the *irritable vesicle* produced by the action of vaccine virus "in strumous or erysipelatous habits, with light and fair complexions, thin and florid irritable skins, and a flimsy cuticle incapable of concealing the network of plethoric capillaries beneath, and where the smallest puncture produces a torrent of blood, and the mildest lymph proves a destructive poison." It was, probably, in constitutions of this class that the unfortunate results occurred which were described by Dr. Vandervoort in the *N. Y. Journal of Medicine* (1846, p. 11), and by Mr. Dendy (*Lancet*, 1837-8, vol. ii., p. 152) at a meeting of the London Medical Society. Mr. D. affirmed that he had seen three cases in which death followed the inflammatory action resulting from vaccination. Two of these cases had been vaccinated by a Dr. Walker; and, having seen several of that gentleman's patients "with the blood flowing in a perfect stream from the arm after vaccination," and having remarked that an "erythematous inflammation" often followed in such cases, Mr. D. was of the opinion that when good Dr. Walker was pressed for time he was apt to vaccinate "most slovenly!" Dr. Vandervoort's patient was a child, of an apparently healthy constitution, which had been vaccinated three or four days previously, with a view to arrest the whooping-cough. Hæmorrhage had occurred at the point of vaccination, and was much increased during the paroxysms of coughing. This continued for three weeks, and the child died in a state of perfect anæmia.

Referring to his experiments with vaccine lymph removed from the cow, Mr. Ceely continues (p. 349):—"It too often happens, especially in subjects with thin and vascular skins, that the vesicles burst, or are easily broken, during the height or about the decline of the areola; and if the subject be of a strumous or erysipelatous diathesis, of full habit, and possess an irritable skin, secondary inflammation is set up and becomes more diffused and deeper seated, the corium is destroyed completely, and a slough of the subjacent tissue is soon manifest; the surrounding integuments are deeply indurated, often a multitude of ecchymatous pustules are formed on the enlarged papillæ and on other parts of the skin, and abscesses in the cellular membrane and axillary glands ensue, causing proportional constitutional irritation." He adds (p. 416): "Spontaneous bursting did not often occur, excepting in those subjects possessing the before mentioned and well known obnoxious constitutional and dermic characteristics, upon whom we must always use active lymph with some risk."

As the result of his studies, Mr. Ceely maintains that persons with a thick, smooth, clear skin, and a dark, healthy complexion, present vaccine vesicles which are least liable to accidental rupture, and are, consequently, less exposed to the risk of secondary inflammation.*

That peculiar atmospheric conditions have a tendency to provoke the occurrence of erysipelas is well illustrated by the first four observations recorded in the accompanying table. Vaccination was only the exciting cause of an unhealthy inflammation, to which every individual was, for the time being, predisposed. Mr. Chartres found this predisposition so strongly marked among the soldiers of the regiment to which he was attached that it became necessary to avoid every surgical operation, and even the punishment of flogging was suspended, on account of the erysipelatous inflammation which occurred whenever the cutaneous surface was injured.

* See also Dr. Carpenter's very interesting remarks on the predisposing causes of inflammation and disease. — *Principles of Human Physiology*, pp. 237-8, and p. 350.

TABLE OF CASES ILLUSTRATING SOME OF THE UNFORTUNATE CONSEQUENCES OF VACCINATION.

RECORD OF OBSERVATIONS.	REPORTER.	AGE AND SEX.	DATE OF VACCINATION.	RESULT OF VACCINATION.	DURATION OF SYMPTOMS.	REMARKS.
I. Med and Phys. Journal, vol. XL, p. 433.	Dublin Cow-pock Institution.	Young children.	November, 1807.	Irregular vaccination in many cases, with a tendency to ulceration after the seventh or eighth day.		This unhealthy tendency declared itself only in those cases which were vaccinated during the month of November.
II. Med. and Phys. Journal, vol. II, p. 313.	Mr. Evans.		May and June.	During the prevalence of a long northeast wind, in May, there was much tendency to troublesome ulceration at the points of vaccination.		The same tendency declared itself in persons who were at the same time inoculated for small-pox.
III. Am. Journal of the Med. Sciences, vol. XL, p. 313, et seq.	Dr. Jackson.	Infant, 6 mos. old.	Winter, 1849-50.	Erysipelas appeared on the seventh day, extending over the whole upper extremity; an abscess formed in the axilla. The whole forearm became erysipelatous, but recovered speedily. The patient was an intemperate person.	One month.	The winter and spring of 1849-50 were marked, in the vicinity of Boston (where these cases were observed), by the occurrence of a peculiar tendency to erysipelatous forms of inflammation. Small-pox was also unusually prevalent during the same season.
	Dr. Cabot.	Male, 69 yrs old.	"	Erysipelas appeared, the second day, and extended widely over the whole body, attended with profuse suppuration.	A few days.	
	Dr. Bigelow.	Male, 80 yrs old.	"	Erysipelas appeared, the third day, extending rapidly over the greater part of the body, with typhoid symptoms and extensive sloughing upon the arm.	Two months.	
	"	Infant, 5 mos. old.	"	Erysipelas the ninth day, extending over the whole body, resulting fatally in a few days. Persons vaccinated from this arm, the eighth day, had perfect vesicles, without bad symptoms.	A few days.	
	Dr. Homans.	Male, 8 weeks old.	"	Erysipelas, the tenth day, involving the whole body; sloughing of the scrotum; abscesses formed at different points. Lymph taken from this arm, the eighth day, was in every case successful.	Three months.	
	Dr. Putnam.	Infant.	"	Erysipelas attacked the scalp, the fourth day; no other unfavorable symptoms appeared.	One week.	
	Dr. Channing.	Infant.	"	Erysipelas affecting arm, shoulder, and pectoral muscles. Child died "of obscure disease within the chest."		
IV. Dublin Medical Press, April 23, 1860.	Mr. Chartres.	Male, 18 yrs old.	Oct. 10, 1860.	Erysipelas, the second day, followed by sloughing and hemorrhage, necessitating amputation of the arm, forty-six days after vaccination.		An epidemic tendency to unhealthy inflammation was noticed in all the cases under observation at this time in the hospital.
V. Med. and Phys. Journal, vol. V, p. 162.	Mr. Maddock.	Infant, 6 mos. old.	Oct. 23, 1860.	Erysipelas, the ninth day, extending over the whole body, and terminating fatally on the twenty-sixth day after vaccination.	Seventeen days.	No apparent cause of abnormal symptoms.
	"	Infant.	Oct. 27, 1860.	Erysipelas, the ninth day, at the point of vaccination on the left arm. Two children vaccinated from this child's right arm, the ninth day, presented healthy vesicles, without unfavorable sequences.	Six weeks.	" " "
VI. Med. and Phys. Journal, vol. VI, p. 181.	Mr. Clutterbuck.	Female, 7 wks old.	May 12, 1861.	Erysipelas, the ninth day, creeping gradually over the whole body, followed by anasarca of the lower extremities, terminating fatally.	About four weeks.	This was a healthy child, vaccinated with healthy lymph.
VII. Ibid. vol. VI, p. 423.	Dr. Barry.	Female, 5 mos. old.	January.	Erysipelas, the twelfth day, extending over the body, followed by anasarca and abscesses.	Two months.	
VIII. N. Y. Med. Times, Nov. 1866, p. 43.	Dr. A. K. Gardner.	Male, 5 wks old.	Autumn, 1864.	Erysipelas, extending over the whole body, followed by sloughing of scrotum, formation of abscesses, etc.	Seven or eight months.	
IX. Boston Med. and Surgical Journal, Feb. 4, 1866.	Dr. Buck.	Infant.	March, 1867.	Erysipelas, the tenth day, extending rapidly and terminating fatally the eighteenth day after vaccination.	Eight days.	There were no other cases of erysipelas, nor any predisposition to that disease in the families to which these children belonged.
	"	Infant.	June 4, 1867.	Erysipelas the sixteenth day. Children vaccinated with matter taken on the seventh and eighth day from these two cases, passed safely through the whole course of the vaccine disease.	One week.	
X. Am. Jour. of the Medical Sciences, vol. XL, p. 321.	Dr. Greene.	Male, 66 yrs old.	January, 1846.	Pain and swelling the second day; erysipelas the seventh day, extending over arm and chest, terminating fatally, a little more than eight days from time of vaccination.	A few days.	
XI. Ibid. vol. XL, p. 96.	Dr. Buckingham.	Male, 25 yrs old.	Aug. 28, 1846.	Febriile movement the fourth day; pain and swelling of right leg on eighth day, followed by similar successive symptoms in various parts of the body, terminating in a typhoid condition and death.	Three weeks.	The brother of this patient, vaccinated at the same time, with the same lymph, experienced no unusual consequences.

Of the cases recorded in this table, the greater number were children; of the six adults, two were between sixty and seventy years of age, one was described as "an old man," one was thirty, one was twenty-five, the sixth was eighteen years old. Of the seven children whose ages were mentioned, two were six months old, two were five months, one was seven weeks, one was five weeks, one was three weeks. The other cases were all young children. Seven cases proved fatal, being attacked with erysipelas on the ninth day in three instances, on the tenth day in one, on the eighth day in one, on the seventh day (preceded by pain and inflammation from the second day) in one, and in one case the time of the attack was not specified. Of the sixteen cases in which the date of the erysipelatous invasion was noticed, it occurred the second day after vaccination in two cases, the third day in two, the fourth day in two, the seventh day in one, the eighth day in one, the ninth day in four, the tenth day in two, the twelfth day in one, and as late as the sixteenth day in one individual. The children vaccinated at the Dublin Cowpock Institution in the month of November, 1807, manifested a tendency to ulceration of the pustule after the seventh or eighth day. Dr. Doepp, Physician to the Children's Hospital at St. Petersburg, remarked (*Lancet*, 1836-7, vol. i., p. 851) that in a majority of the children who developed erysipelas after vaccination, the disease did not appear till the eighth, ninth, or tenth day, at which time, it will be remembered, the inflammatory process has reached the pyogenic stage, and seems most liable to unhealthy exacerbation. Of the twelve observations in which the season of the year was mentioned, two were made during the month of January, one in March, two in May, one in June, one in September, two in October, one in November; the cases observed by the Boston physicians occurred during the months of winter and spring; Dr. Gardner's case occurred in the autumn or winter; so that, excluding Mr. Evans' cases, which happened during the prevalence of a cold north-east wind in the month of May, only three unfavorably complicated cases were observed during the warmer half of the year.

A further consideration of this table indicates the improbability of the communication of erysipelas through the medium of vaccine lymph. Dr. Bigelow successfully vaccinated a number of persons with eighth day lymph from the arm of a child who, the next day, was attacked with erysipelas, which soon destroyed its life. Dr. Buck experienced no bad result from the use of lymph taken from the arm of a child who was afterwards attacked with erysipelas on the sixteenth day after vaccination. Dr. Homans was equally successful with lymph taken only two days before the appearance of erysipelas; and still more remarkable was the experience of Dr. Maddock, who successfully vaccinated two children with ninth day lymph from a vesicle upon the right arm of a child who at that very moment was developing erysipelas at a point of vaccination upon its left arm. It is, however, worthy of note, in this connection, that Dr. J. L. Smith, of this city (*Am. Med. Times*, vol. ii., p. 401), has seen erysipelas occur in children who had been vaccinated with a scab which was formed upon a vaccine vesicle that had "passed through the usual stages, and presented the usual appearances," upon the arm of a child who suffered with diphtheritic inflammation of the throat during the course of the vaccine disease to which she was subjected. Two of these children presented symptoms of erysipelas within twenty-four hours after vaccination, but as the other cases were not attacked before the seventh day, it still remains a question whether the occurrence of the disease depended upon the character of the lymph which was employed, or whether it was excited by other causes more occult in their nature.

The age of the patient is a condition which exercises a certain degree of influence over the development of erysipelas after vaccination. Dr. Doepp found that the number of cases of post-vaccine erysipelas in the Children's Hospital was considerably diminished by deferring the time of vac-

cination from the seventh or eighth day after birth till the fourteenth day. A paper, contributed by Dr. Deslandes to the pages of the *Am. Medical Times* (vol. iii., p. 825), indicates a similar experience on the part of members of the Société Médicale des Hôpitaux de Paris.

It sometimes happens that the normal progress of the vaccine disease is disturbed by violence to the vesicle.* The results in such cases are usually in proportion to the injury, and in accordance with the constitution of the sufferer.

It has also been thought that the practice of making numerous punctures in vaccination has a tendency to produce excessive inflammation of the parts. Mr. Rees (*Lancet*, 1837, vol. i., p. 115) declared that he had seen "four infants destroyed by sloughing produced" in this manner; and at a recent meeting of the Obstetrical Society of London (*British Med. Journ.*, Dec. 5th, 1860, p. 985) Mr. Druiitt exhibited two colored drawings, showing the effects of vaccination by scratching all over with ivory points a surface measuring one inch by three quarters: this whole surface had sloughed, leaving an enormous cicatrix. M. Legroux (*Am. Med. Times*, vol. iii., p. 326) finds that since he has made "only one puncture in each arm, he has never seen any accident which might be imputed to vaccination."

There has been much discussion regarding the degeneracy of vaccine virus. Some teachers maintain that it loses much of its protective power by transmission through a long series of individuals, while others claim that virus which has been traced in its course from person to person for a period of sixty years, is now as efficacious as when it was first employed. This is a question which cannot very easily be determined; but it is certain that the disturbances, produced by the use of a virus which has been newly derived from the cow, are generally much more marked than the effects which follow the use of a more perfectly humanized lymph. Vaccination was first practised in Hanover, A.D. 1799, by Mr. Stromeier, with vaccine virus which had been sent from London by Dr. Pearson, and also with virus sent from Gloucester by Dr. Jenner. Stromeier recorded his experience (*Med. and Phys. Journ.*, vol. iii., p. 471) in the following language:—"The London matter produces, frequently, an eruption of small pimples, but they disappear within a day or two at furthest. The Gloucester matter has never produced this effect here, but it frequently occasioned ulcerations of the inoculated part, of a tedious and long duration, which the former matter never did." From the writings of Dr. Jenner, we learn that the lymph which he was then accustomed to distribute was fresh lymph—often not more than three or four removes from the cow—because, residing at that time in a small country town, he found it difficult to preserve a supply of lymph without resorting to the cow. Drs. Woodville and Pearson, in their publications on the subject of vaccination, both testified to the diminished severity of inflammatory symptoms in proportion as the exciting cause became by successive transmissions removed from its original source. Mr. Estlin's experiments with new vaccine lymph (*Med. Gazette*, New Series, vol. iii., pp. 115, 709), show that the use of such virus produces more constitutional disturbance, deeper ulceration of the pustules, more extended inflammation—even in several cases producing axillary abscesses—and more general cutaneous affections

* In the *Med. and Phys. Journal* (vol. xvi., p. 523) is recorded the history of a child, vaccinated by an ignorant person, who, on the eighth day, picked the vesicle in several places, totally removed the cuticle from its surface, and "wiped it out" with a rag, causing the part to bleed. On the tenth day the inflamed areola was as large as a crown piece. Extensive erysipelas followed, and it was several weeks before the child recovered. Mr. Smart (*Med. and Phys. Journal*, vol. xvii., p. 156) states that he vaccinated a healthy child, four months old, and that on the fifth or sixth day the vesicle was violently squeezed and broken. On the seventh day the arm was much inflamed. Erysipelas gradually extended over the arm and body, and the child died on the twenty-ninth day. The *Lancet*, Sept. 18, 1860, details the case of a woman thirty-five years old, a hospital patient, who had been vaccinated early in March, 1860. The vaccine vesicle was well developed, but when it had scabbed over she received a violent blow upon the arm, which was followed by severe inflammation. Abscesses formed in various parts of the body; the patient sank, and died the 22d of April. Vaccination was certainly not in fault in this case.

than occurs after the employment of ordinary virus. The observations of Mr. Ceeley (*Trans. of Provinc. Med. and Surg. Society*, vol. viii.) are to the same effect. He goes so far (p. 350) as to recommend a course of treatment preliminary to the vaccination of persons of an objectionable diathesis—a course similar to that in vogue with the small-pox inoculators of former days—"for," he adds, "it is a long time before some individuals can be safely vaccinated with this active lymph, even though taken from the mildest vesicle."*

The practical conclusions which may be drawn from the preceding observations are so apparent that they scarcely need a formal statement. That the lymph used in vaccination must be pure and in a state of perfect preservation, may be considered self-evident. The scab should never be used when liquid lymph can be procured from perfect vesicles in which the stage of pyogenic inflammation has not been reached, for the composition of every scab is, necessarily, more or less affected by the processes of pyogenesis. The subjects from whom lymph is derived, must be healthy and free from syphilitic taint. The virus should be used when fresh from the generative vesicle, or, if that be impossible, it must be preserved in such a manner that heat and moisture can have no effect upon its organization. If a virus thus elaborated be introduced into the circulation of a healthy individual, sufficiently advanced in age, during salubrious weather, at a season when epidemic influences are unknown, the vaccine disease may be expected to pass through its normal course, occasioning no great constitutional or local disturbance: when such disturbances do arise, it will not often be found difficult to trace them to one or more of the causes which have been set forth in the preceding pages.

CIRRHOSIS OF THE LIVER;

ENLARGED SPLEEN, AND ABNORMAL DISTRIBUTION OF THE VESSELS BETWEEN IT AND THE STOMACH.

By M. M. MARSH, M.D.

MONTPELIER, VT.

THE motive to report this case, is not so much on account of the character, extent, or termination of the disease, as the unusual anatomical connexion which existed between the spleen and stomach.

The patient, J. S., aged twenty, had, for the last three years, been engaged in literary pursuits; was highly intelligent, and uncommonly active. His habits were strictly temperate; countenance animated and florid; and though frail in form, he was in the possession of uniformly good health, with the exception of a slight chronic diarrhoea, dating from a mild typhoid fever, two years previous. For a few weeks previous to his death, he had not exhibited his usual vivacity, which was, however, ascribed to the undue mental labor his duties as teacher imposed.

On Tuesday, Jan. 28th, I was called to see him. About eighteen hours previous, he had been engaged in violent athletic exercise, and soon thereafter vomited blood freely, and again within the hour. He was then removed to his home, and all the blood afterwards vomited carefully preserved. Appropriate means were employed to arrest the hæmorrhage: a horizontal position, external warmth, ice to mitigate the excessive thirst, and the exhibition of gallic acid, and other remedies. All, however, seemed unavailing to control the attacks, which regularly returned about every second hour, and without any previous sickness at the stomach. Instantly he would turn his head to one side (for from the first he was prostrate and unable to rise or converse), and then would flow from the mouth, and without much effort, from a pint to a pint and a half of

unmixed florid blood. Nearly eighteen hours after the attack I was called, vomiting having occurred seven or eight times. I found him but partially conscious of objects; no radial, and but slight axillary pulsation; and presenting the appearance of one from whom life has just departed. In turning him to inspect the chest and abdomen, he again vomited nearly one pint of florid blood. The physical examination revealed, simply, an enlarged spleen. As he swallowed readily, thirty minims *spts. terebinth.* were ordered, in a solution of starch, every half hour, and until taken five times. In the interim vomiting recurred once, and ceased altogether: and, as was supposed, from the supply failing, and not from the agencies employed to arrest it. An enema, containing tannic acid, was ordered to prevent further exhaustion from evacuation of the bowels. After a few hours a very feeble pulsation returned to the wrist; he appeared to comprehend circumstances, but manifested no desire, except for drinks, as his thirst was intolerable. He continued in this semi-lifeless condition from Thursday to Sunday afternoon; with the lower limbs apparently destitute of circulation, and cold except from external warmth; the pulse at the wrist at times scarcely perceptible; and except when tormented by thirst, presenting more the appearance of the cadaver than the living subject. On the evening of Sunday, the bowels were suddenly and copiously evacuated, and the motion was repeated within twenty minutes without the apparent consciousness of the patient. The evacuations consisted almost entirely of coagulated blood. Between two and three hours from the first evacuation, the patient looking anxiously towards a wash-bowl, it was passed, and he vomited nearly a pint and a half of pure florid blood, and shortly expired.

I ought to have stated that after the cessation of vomiting, the serous portion was nearly all poured from the vessel in which the separate quantities of blood had been preserved (except at the two times which occurred before he was taken to his home), and the remaining portion of blood carefully measured, amounting to *nine pints and f. 3 iv.*

An autopsy was held twelve hours subsequently. The head was not opened. The lungs normal. The heart, in size, consistence, and aspect, natural. Its right side empty: the left ventricle containing nearly 3iv. of material resembling finely comminuted coffee grounds. The ascending aorta normal, but its descending portion near the diaphragm began gradually to expand: so that near the splenic artery its diameter was at least one-fourth greater than at the superior thoracic portion. The aorta, throughout its whole extent, but especially the portion between the diaphragm and splenic artery, was softened. It could be torn by the fingers, but under the microscope presented no atheromatous deposit. The intestines, except the lower third of the duodenum, which was too much softened to admit removal, were healthy. The bladder exhibited its usual appearance: also the right kidney; the left simply hypertrophied, otherwise normal. The liver bilobed, and so completely cirrhotic, that within, or on its surface, not three lines of normal structure anywhere were seen between its nodules. The circulation throughout the liver appears to have been nearly obstructed: and still the gall-bladder was filled with apparently healthy bile. This viscus was less than the natural size; its weight three pounds and seven ounces. The splenic artery so dilated that the thumb is readily admitted. One-fourth its length, from its distribution, it sent a branch to an exact duplicate spleen, about the size of the healthy organ, which was suspended from the upper and larger spleen by membrane, as the liver is suspended from the diaphragm. The weight of the superior spleen was fifty-eight ounces; healthy in appearance, and sending, in the place of the usual distribution, two parallel vessels to the stomach, each with a diameter equal to the enlarged splenic artery, and readily admitting the thumb, and apparently penetrating the coats of the stomach. These vessels were so softened that a dissection of them could not be made; but on opening the stomach (which in all respects appeared healthy) opposite the connexion of

* See also the history (*Lancet*, 1888-9, vol. ii, p. 680) of a child, six months old, vaccinated with lymph which had been recently obtained from the cow. The progress of the vesicle was very rapid, and was attended with great inflammation, which continued for a fortnight before terminating in a slough.

these vessels with that organ, its mucous and a portion of its muscular coats were ruptured, which on being washed exhibited torn muscular fibre, for more than one inch in extent, and entirely between the connexion of these vessels with the stomach; its peritoneal coat was entire.

These were the conditions a careful dissection presented. The case furnishes points of remarkable interest. 1st, During life the liver presented no evidence of diseased structure or function; 2d, Softening of a portion of the arterial system, without observable fatty degeneration; 3d, Though the spleen varies very much in form and size, I have not noticed any record of absolutely duplicate spleen; and 4th, The very unusual (and as far as my knowledge extends) unknown fact of two immense vessels in place of the vasa brevia.

There are other points of perhaps minor interest. During the autopsy, no blood, and scarcely any liquid was observed. The blood previously lost, and which must have represented nearly the amount of circulating fluid at any one time, could not have been less than thirteen pounds, including that portion discharged subsequently from the bowels. The patient weighed 126 pounds.

The question arises, Why this regularity in vomiting? and whence the blood? If from the two vessels mentioned, acting as conduits, what was their distribution relative to the different coats of the stomach, and the anatomical condition of their extremities previous to the fatal attack? And in what consisted the immediate lesion leading to the fatal issue?

Reports of Hospitals.

NEW YORK HOSPITAL.

INJURIES OF THE HEAD.

THEIR NATURE AND TREATMENT, WITH ILLUSTRATIVE CASES,

By D. B. ST. JOHN ROOSA, M.D., and JAMES L. LITTLE, M.D.,

Resident Surgeons.

(Continued from page 124.)

FRACTURE OF THE BASE OF THE SKULL.

I.—MIKE WALK, *æt.* 30, Ireland, laborer, admitted July 13, 1861. (Dr. Peters, attending surgeon.) Patient was brought into the hospital, having received his injuries in an unknown manner. He was insensible, pupils contracted; there was stertorous breathing, and hæmorrhage from the ear. All attempts to bring on reaction proved unsuccessful, and four hours after admission he died. No autopsy was permitted by the coroner.

II.—ELLEN HICKEY, *æt.* 50, Ireland, admitted July 15, 1861. (Dr. Peters, attending surgeon.) Patient fell out of a fourth story window, and was immediately brought to the hospital. *Symptoms.*—Profound stupor, stertorous breathing, surface cold, pulseless at the wrist, bleeding from the left ear. On examination an extensive fracture of the skull, involving the frontal, temporal, parietal, and occipital bones, and probably extending to the base, was found. Patient continued in this condition without rallying for about twenty-four hours, when she died. No autopsy was allowed.

III.—BRIDGET MCCARTHY, *æt.* 50, Ireland, widow, admitted Aug. 1, 1861. (Dr. Parker, attending surgeon.) Patient fell down stairs, sustaining a compound fracture of the left radius near its lower extremity; wound small, and on inner side of bone. She was also suffering from concussion, and hæmorrhage from the right ear. Patient rallied after the injury. There was slight oozing of blood from the ear for three or four days, which gradually gave place to a thin, yellowish fluid. This discharge was for the first ten days quite free, amounting to from $\frac{3}{4}$ ss. to $\frac{3}{4}$ j. per diem, as near as could be judged. About ten days after, the muscles of the right side of the face became paralysed, the tongue in protrusion being drawn to the opposite side. Patient complained of but little pain in the head; the hearing of the

right ear was destroyed. The fracture of the radius was treated in the usual manner; and although there was considerable suppuration about the wound, yet it did well, and patient was discharged seven weeks after the accident, union being pretty firm. The paralysis of face continued. This patient was seen three months after the injury; she complained of dizziness and pain in the head; she had suffered from this ever since her discharge.

Remarks.—The above case presented all the symptoms of fracture of the base of the skull: 1. The bleeding from the ear at time of injury. This of course by itself cannot be considered as a sign of much importance, but, when followed by 2. A discharge of a thin, watery fluid, it is considered by authors as pathognomonic of this kind of fracture, and these, when associated with paralysis of the fifth pair of nerves, seem to me conclusive evidences of fracture involving the petrous portion of the temporal bone. This is the only case of recovery which has occurred during a long period, in which the hæmorrhage from the ear gave place to a serous discharge. Robert states that all cases in which this symptom is present, "invariably terminate fatally." Erichsen, however, states that he has seen several cases recover in which this symptom was present—one a patient fifty-eight years of age.

GUN-SHOT WOUNDS OF THE HEAD.

I.—A boy, *æt.* 17, admitted Nov. 10, 1861 (Dr. Watson), was shot by a pistol loaded with slugs, contents entering face and head, the assailant about six feet distant. Seen about one hour after, not suffering markedly from shock. A wound found the size of a three-cent-piece situated an inch above the external canthus of right eye; another about same size a little to the right of the median line in forehead; two others in the face. Symptoms of compression supervened twenty-four hours after. Water dressings had been the treatment up to this time: the first wound was then enlarged, also the fracture of the bones by the rongeur, and slug removed where it was pressing on the dura mater. The second ball was found to have penetrated the brain, and was not followed. Symptoms were only alleviated for a time, and the patient died seven days after in a comatose condition. Post-mortem showed considerable encephalitis, and a slug buried in an abscess of the middle lobe of the left side; effusion in ventricles considerable; other organs healthy.

II.—A man, *æt.* 21, was admitted on the 6th of April (Dr. Markoe). While sitting at a table was shot by an assailant, who stood about six feet from him. One hour after there was no shock, and pulse was a little frequent. The wound, contused and of the size of a pea, was in frontal region, two inches from inner canthus of right eye, in a direction immediately upwards. The ball was found flattened against the bone, and as large as a sixpence; it was removed, and water dressings applied; no fracture detected. On the next day had a slight attack of erysipelas of the face, which lasted for three days; in other respects did well; suppuration moderate; pulse ranged from 64 to 76. Four days after began to complain of pain in his head, supra-orbital. Pain disappeared in three days, he having been cupped and purged. Pulse from 64 to 72. Ten days after had a slight chill; two more on the next day, and pulse ran up to 104; no pain in the head; cough appeared eleven days after admission; chills continued once or twice in twenty-four hours; takes quinine and stimulants; pulse about 120. These chills inaugurated pneumonia. Patient's strength failed him; intellect was unobscured within a few hours of death. Died on the nineteenth day. Post-mortem showed a fissured fracture about one and three-quarters inch in length. A slight septum of healthy brain substance intervened between external wound and an abscess containing 3 ij. of pus. No communication between fracture and abscess. Dura mater at that point disorganized; no other lesion of brain. Both lungs were inflamed.

III.—A man, *æt.* 21, Ireland, admitted Jan. 1, 1862 (Dr. Watson), was shot by a pistol in the hands of an

assailant, supposed to have been eight or ten feet distant. As found three-quarters of an hour after, was semi-conscious, surface cool; pupils sluggish and equal; pulse hurried and weak. There was a lacerated wound on superciliary ridge about two inches from median line; eye closed, eyeball intact, lid oedematous; a minute opening also found in the skull leading to cerebral cavity. Water dressings. Patient survived nine days, being semi-comatose until the 6th, when convulsions occurred; pulse became accelerated, having been about 60 from morning after injury; skin hot; was freely purged from the beginning; had no hemiplegia; coma became more profound, and he died.

Post-Mortem.—Purulent matter beneath external opening in fibres of temporal muscle; small slugs; fracture of frontal bone just beneath the wound circular, and about one-eighth of an inch in diameter; considerable meningitis and encephalitis; a cavity in anterior lobe of right hemisphere, about one and a quarter inch in depth, irregular edges, free from purulent matter or false membrane; clot of blood in each lateral ventricle; small slug in cerebral substance just above right lateral ventricle. Other organs healthy.

(To be Continued.)

Reports of Societies.

SURGICAL SECTION.

STATED MEETING, Jan. 24, 1892.

DR. JAMES R. WOOD, CHAIRMAN.

DISCUSSION OF DR. GEO. K. SMITH'S PAPER ON THE RELATION OF THE INSERTION OF THE CAPSULAR LIGAMENT OF THE HIP-JOINT TO INTRA-CAPSULAR FRACTURE.

(Continued from page 128.)

PROF. POST states, that in order to demonstrate the truth of my fifth proposition, "it would be necessary to present a series of preparations taken from patients who had survived intra-capsular fractures for variable but known periods, antecedent to union, and to show that there was a progressive shortening of the neck before the occurrence of union." It appears to me that it would be almost impossible to obtain such a series of preparations, since they must be procured immediately after union, else Prof. Post would claim that this shortening of the neck by absorption did not occur till after the fragments were united. They cannot be obtained till after the death of the patient, and it will seldom happen that a patient, whose vital powers are sufficient to secure bony union of a fracture of the femur, will die immediately after union has occurred. Again, if it were possible to procure such a series of preparations, they would not be likely to illustrate "a progressive absorption of the neck," since the whole of the neck is, in some cases, removed in a few weeks or months, while in other cases as many years will elapse with a portion of the neck still remaining. The following extract from Mr. Howship's report of "cases of fracture of the neck of the femur,"* will exhibit this fact: "1. Age seventy-six, lived three weeks after the fracture, neck shortened half an inch, no union. 2. Age seventy-five, lived two months after the fracture, neck shortened three-quarters of an inch, slight fibrous union. 3. Age seventy-eight, lived five months after the fracture, neck still undergoing absorption. 4. Age sixty-six, lived five months after the fracture, the neck completely removed by absorption; firm fibrous union. 5. Age seventy-nine, lived ten months after the fracture, neck nearly absorbed, with no attempt at union. 6. Age seventy-nine, lived twenty-two months after the fracture, neck entirely gone, no union. 7. Age seventy, lived eight years after the fracture, neck nearly absorbed, firm fibrous union. 8. Age fifty, lived fourteen years after the fracture, neck about half removed by absorption, the fragments not united."

In the last case the patient was not as old by many years

as either of the patients mentioned in the preceding cases, and this fact would suggest a more abundant nutrition of the fragments, which accounts, to a great degree, for the slower progress of their absorption. Since the last meeting of the Section I received a letter from Dr. Asa Horr, of Dubuque, Iowa, informing me that he had lately obtained a specimen of fracture of the neck of the femur. He gave a brief history of the case, with a description of the specimen, and said, that, if I should "regard the specimen as of any value to science," he would forward it to me on receipt of my reply. Through his kindness I am enabled to exhibit the specimen this evening. It is from a patient fifty-eight years of age, who died a little more than a year after the occurrence of the fracture. The fragments were not united. I have macerated the specimen, and you will observe that all of that portion of the neck attached to the head of the bone has been removed by absorption, while a portion of the neck, about half an inch in length, still remains attached to the shaft. The specimen is interesting as a further illustration of the fact, that absorption after fracture of the neck does not proceed with any regularity, a given distance in a given length of time, but generally progresses with greatest rapidity in patients who suffer from this fracture at an advanced period of life, when the elements of nutrition are very imperfectly supplied.

It appears to me that the opinion of Prof. Post that "the union takes place in the first instance, and that the interstitial absorption is a subsequent event," is one which necessarily involves the disastrous consequence of disunion of the fragments, as one of the first results of such absorption; since parts newly formed are more readily attacked by absorption than those of longer standing; and we must therefore expect that the callus by which the fragments were united will be first attacked, and that its absorption will result in disunion, long before the whole of the neck shall have been removed. The following is interesting as an illustration of this point. "The callus is subject to softening, disintegration, and absorption, if not also to the fatty degeneration. . . . Occasionally the absorption can be distinctly traced to the inordinate use of mercury, carried to profuse salivation; or it may be owing to a syphilitic taint of the system, especially when this affection has reached its third stage, in which the bones and periosteum are so constantly, and often so seriously involved. But the most common cause, perhaps, of all, is an impoverished and diseased state of the blood, from the use of improper food, and especially from the want of a sufficient quantity of fresh vegetables and subacid fruits. The influence of ill health arising from this cause upon the condition of the callus, was strikingly exemplified in Lord Anson's voyage to the Pacific Ocean, in which many of the crew suffered severely from scurvy. It was noticed that those who had formerly had fractures were attacked with absorption of the callus, speedily terminating in disunion of the ends of the broken bone. Cicatrices, whether the result of the healing of wounds or of ulcers, experienced a similar fate, the parts breaking out into open sores, remarkably pale, languid, flabby, and difficult of cure. Similar effects are occasionally observed to follow attacks of typhoid fever and anæmic states of the system, however engendered."*

Prof. Post further states:—"The sixth proposition seems to me to involve errors, or at least unsustained hypotheses, more glaring than that which is objected to in the fifth proposition. The language which is employed by Dr. Smith in the sixth proposition, seems to convey the idea that the main obstacle to bony union in intra-capsular fracture is to be found in the condition of the fragment connected with the shaft of the bone, and that when the portion of the neck between the fracture and the shaft has been absorbed, the obstacle to bony union is thus removed." I confess that I am unable to see how the above inference can fairly be drawn from the language used. The following is the sixth proposition:—"Under favorable circumstances fractures of the neck of the femur, external to the capsule, unite rea-

* *Medico-Chirurgical Review* (New Series), vol. xxiv., p. 102.

* *Cross's System of Surgery*, 1st edition, vol. II., p. 145.

dily by bone; so also do fractures which are partly within and partly without the capsule, and it is highly probable that fractures within the capsule, which are followed by absorption, are sometimes united by bone, after the process of absorption has reached a point external to the normal capsule where bony material is supplied; but this, if it ever does occur, can never be proven; for if the line of union be partly without the normal capsule, it is impossible to determine that the fracture was entirely within it, and we can never be positive that bony union of intra-capsular fracture has occurred, until a specimen is presented in which the line of union is found to be entirely included by the normal capsule.

It is well known that bony union is of frequent occurrence in fractures external to the capsular ligament; but it appears to me that we are yet without positive proof that bony union has ever taken place entirely within the normal capsule. Numerous specimens have been exhibited as illustrations of such union, but in the great majority of these specimens the line of union is found to be within the capsule on the anterior surface of the neck, and external to the capsule on its posterior surface, with a portion of the neck still remaining attached to the shaft. Prof. Mussey's cases are examples of this kind, and Prof. Parker's specimens illustrate the same point. These specimens represent, without doubt, one or the other of two conditions; there has been either bony union of a fracture partly within and partly without the capsule, in which the shortening was mainly at the expense of the fragment attached to the head; or, bony union of the fracture which occurred entirely within the capsule, in which a union did not take place until absorption had reached a point which was external to the insertion of the capsule on the posterior surface of the neck; and it is impossible to determine the class to which either of the given specimens may belong. The posterior insertion of the capsule is usually near the middle of the neck, and a transverse fracture a little external to this point will be within the capsule on the anterior surface of the neck, and without the capsule on its posterior surface. It is plainly indicated in the sixth proposition that such a fracture is, under favorable circumstances, sometimes united by bone; also that a fracture at any point between this line and the shaft of the bone is united in like manner, and we are at a loss, therefore, to determine how it is that, "The language which is employed in the sixth proposition seems to convey the idea that the main obstacle to bony union in intra-capsular fracture is to be found in the condition of the fragment connected with the shaft of the bone, and that when the portion of the neck between the fracture and the shaft has been absorbed, the obstacle to bony union is thus removed."

Prof. Post states: "I conceive the principal obstacles to bony union in intra-capsular fractures to be found in the condition of the fragment connected with the head, which having no supply of blood-vessels except those which are conveyed to it by the ligamentum teres, does not receive sufficient nourishment to secure its union by bone with the other fragment."

Many reasons have been given for the constant failure of bony union within the capsule, but it appears to me that none have been given which are altogether satisfactory. It is true that there is a want of due nutrition of the fragments in patients who meet with this fracture at an advanced period of life; but we find the same failure to unite within the capsule, if a patient is the subject of this fracture in youth or middle age. In old age the function of nutrition is but imperfectly performed, and the weight of the body is, in consequence, gradually diminished by absorption, each of the different tissues being more or less affected by the slow decay; and it has been noticed that, for some reason which has not yet been fully explained, the neck of the femur is more seriously affected by this process than other parts of the skeleton. In this fact we see the reason why a fracture of the neck of the femur which is the result of a severe injury, and is of the rarest occurrence in youth, is frequently met with in

old age, and often as the result of a most trivial injury. This atrophy or absorption of the neck is then the exciting cause of the fracture, and its progress after the fracture is seldom, if ever, arrested until a great part or even the whole of the neck has been removed. Malignant holds that the destructive absorption of the neck, which follows a fracture within the capsule, is incompatible with bony union. After a careful examination of the reports of post-mortem examinations of fractures within the capsule, it appears to me that the materials provided by nature for the uniting callus in this situation are in many cases entirely removed by absorption, leaving no appearance of an attempt at union; and that in those cases in which the callus is not thus removed, it is arrested in its development, forming in some instances a kind of semi-cartilaginous material, rounding off the extremities of the fragments, and in others, a firm fibrous union which does not become fully developed into bone. Sir Astley Cooper states that in recent cases the capsule is found to be distended "with a mixture of serum, synovial fluid, and blood, which is produced by the inflammatory process, and becomes absorbed when the irritation in the part subsides. I do not know the exact period at which this change takes place, but I have seen it in the recent state of the injury."*

With regard to the new classification of fractures of the neck proposed by Prof. Post, it seems to me that it will render the "vexed question of osseous union within the capsule," more difficult of solution than it will be with the classification now in use. He proposes "to make a new classification of fractures of the cervix femoris, dividing them into two classes, viz. fractures between the caput femoris and the inter-trochanteric lines, and fractures at the inter-trochanteric lines extending more or less into the shaft of the bone. I propose to call the fractures of the first class *intra-cervical*, and those of the second class *extra-cervical*. I think that these two classes of fractures will be found to correspond very nearly with those which have hitherto been described as intra-capsular and extra-capsular."

He divides "*fractures of the cervix* into two classes;" but the class of *intra-cervical* fractures, representing fractures at any point between the head of the bone and the inter-trochanteric lines, includes all possible fractures of the cervix, and hence his *extra-cervical* fractures cannot properly be spoken of as fractures of the cervix, and do not therefore correspond in any degree with fractures hitherto described as *extra-capsular*, in which the line of fracture traverses the portion of the cervix included between the insertion of the capsule and the inter-trochanteric lines. The greatest objection to the classification is found in the fact that an *intra-cervical* fracture, which Professor Post thinks will be found to correspond very nearly with an *intra-capsular* fracture, may be either an *intra-capsular* fracture, an *extra-capsular* fracture, or a fracture partly within and partly without the capsule. This fact is important when we consider that these several fractures included under the name of *intra-cervical*, differ widely from each other, bony union being of frequent occurrence in a fracture external to the capsule, occasionally seen in a fracture partly within and partly without the capsule, while it has not yet been satisfactorily demonstrated that bony union has ever occurred entirely within the capsule. It is highly important, both in a scientific and a medico-legal point of view, to know whether we can ever expect bony union of a fracture entirely within the capsule. If not, the surgeon who faithfully performs his duty, and fails to secure bony union of this fracture, can summon to his defence, when unjustly arraigned for malpractice, the scientific fact that a fracture within the capsule is never united by bone. Professor Post states that "in *intra-cervical* fractures bony union very rarely occurs," and he tells us that an *intra-cervical* fracture will be found to correspond very nearly with an *intra-capsular* fracture. If from this we are to

* Cooper on Dislocations and Fractures of the Joints, p. 145.

understand that bony union of an intra-capsular fracture does occasionally occur, we think that he requires us to admit as a *fact* that which surgeons have labored for fifty or a hundred years and failed to prove. I do not deny the possibility of bony union within the capsule, but simply think that the evidence furnished in proof of such union is not sufficient to establish it as a fact, and that further investigation is needed in this direction.

Progress of Medical Science.

PREPARED BY E. H. JAMES, M.D.

ON THE IMMEDIATE TREATMENT OF STRICTURE OF THE URETHRA.

THE *London Med. Times and Gazette* contains an article on this subject by Mr. Holt of the Westminster Hospital, in which he describes a method of treatment for the immediate dilatation and cure of stricture. The unsatisfactory nature of the prevailing methods of treating this complaint, and the tediousness of ordinary dilatation, and the certainty of a return of the stricture, induced him to adopt a more energetic mode of treatment, and about seven years ago he brought to the notice of the profession a new "stricture dilator," by means of which dilatation was effected by graduated tubes passed between the blades of the instrument. This method being attended more or less by "stricture fever," he at length determined to split the stricture by passing the largest sized tube at once, thus enabling the urethra to receive its full sized catheter. The instrument he now describes "consists of two grooved blades fixed in a divided handle, and containing between them a wire welded to their points, and on this wire a tube (which, when introduced between the blades, corresponds to the natural capacity of the urethra), is quickly passed, and thus ruptures or splits the obstruction." This forcible distension affects only the morbid obstruction, leaving the healthy portion of the canal undisturbed; hence, we have none of those serious complications which often accompany other modes of treatment. After the operation the water is drawn off, and the patient left for an interval of two days before the catheter is again used, when one of the same diameter as that used at the time of the operation is again passed, and its use continued, at first on alternate days, and afterwards at longer intervals. He reports a number of interesting cases, from which he states the following conclusions:—

1. The operation is of the most simple kind, and any one who can pass a bougie through a difficult stricture is competent to perform it.
2. It is not attended with hæmorrhage, infiltration of urine, abscess, or any serious local mischief.
3. In a majority of instances the relief is immediate.
4. The occurrence of rigors or any other constitutional disturbance is very rare, and the patient is seldom confined to bed longer than from twelve to twenty-four hours.
5. The urethra is immediately made permeable by a catheter of full size, which may be ever afterwards passed at discretion.
6. This method is available in every kind of stricture where a canula of any size can reach the bladder.
7. When the after treatment is judicious and attentive, the full capacity of the passage is always maintained.
8. In all cases of neglected treatment the stricture yields to this method more promptly than to any other.
9. It being impossible that any but the diseased tissue can be divided, the splitting of the stricture has a decided advantage over any cutting operation.
10. And to sum up the great advantages in one proposition, the process is facile, speedy, prompt in effects, and free from every danger, immediate or remote. The course of general treatment will naturally vary, according to the kind of obstruction, the number of strictures, and the occasional complications of contracted bladder, enlarged prostate, fistulæ in perinæo, false passage," etc.

Christopher Heath, Esq., surgeon to the West London Hospital, etc., reports in the *Lancet* some cases of stricture treated by this method. The first case reported presented

a very dense cartilaginous stricture through which with considerable difficulty he introduced No. 00 silver catheter (two sizes smaller than the ordinary No. 1). Another stricture was found at the bulb which gave some trouble; but this was also overcome, the instrument entered the bladder, and was tied in. The size of the instrument was increased each day until No. 4 was passed, when the patient being brought under the influence of chloroform, Mr. Holt's dilator (small size) was passed into the bladder, and No. 4 tube introduced. This being withdrawn, he was enabled to pass the full sized dilator while closed, and introduce No. 10 tube, which required some considerable force, owing to the density of the stricture. The dilator being withdrawn, a No. 10 silver catheter was readily passed, the bladder evacuated, the instrument withdrawn, and the patient ordered to take half a drachm of tincture of opium. Since then he had no trouble in passing No. 10, and the patient continued to improve until a fresh gonorrhœa again brought him under the surgeon's care. At this time there was no stricture. In the other cases reported, much the same course was pursued. The writer thinks that this rapid and effectual method of treating the stricture has not attracted that attention in the profession which the exceedingly favorable results would justify.

THE APPLICATION OF LEECHES IN THE TREATMENT OF UTERINE INFLAMMATION.

Dr. Tilt advocates (*Lancet*) the application of leeches directly to the inflamed part, by means of the speculum, as more likely to reduce the characteristic phenomena of inflammation, than the method recently advocated by Becquerel, who prefers their application to the thighs, or venesection. Dr. T. says: "By applying leeches to the womb, we either seek—1st. To reduce inflammation. 2d. To reduce congestion, and promote absorption. 3d. To increase congestion, and determine menstruation." Each of these effects is obtained in some proportion to the number of leeches employed. To relieve inflammation we should apply a sufficient number, otherwise we shall congest, rather than relieve the womb. The number should also correspond to the size of the speculum, for if they have not sufficient room some will not only refuse to bite, but will interfere with those that have taken. He never applies more than four large ones through a moderate-sized speculum, more than six by a large, and more than two by a small one. If a small speculum is used, he advises small leeches, as the loss of blood depends less on the size of the leeches than on the number of leech bites. As an emmenagogue, leeches should be applied in a small number—two or three—when the menstruation is due, and repeated every month. We thus determine the blood current, and teach the womb to resume a forgotten habit. He does not apply leeches in those cases of inflammation of the neck constituted by uterine catarrh, but would advise them in deep-seated ulceration on a hard or soft hypertrophic basis, where seven or eight leeches may be applied and repeated several times just before or after menstruation. In internal metritis, which he believes is a much more frequent disease than is supposed, and forms the pathological condition in many cases of dysmenorrhœa, he advises to leech the womb, just before, and, if necessary, just after, the menstrual flow, the practitioner determining the number suitable to each case, being guided more by the inflammatory nature of the complaint than by the strength of the patient. He has sometimes found the best effects to follow this course, even in weak and anæmic patients. In hæmatocele or hæmatic collections of blood in the pelvis, he agrees with Dr. Bernutz, that the reabsorption is greatly promoted by two or three applications at three or four days' interval, and also at the first sign of menstruation. He considers them counter-indicated by very acute inflammation, and when the vagina is inflamed so as to make a digital examination painful. In these cases, he first applies leeches to the inner part of the thighs, and orders emollient injections to the vagina, which will soon reduce the inflammation sufficiently to allow the

application of leeches. They should not be applied in cancerous or syphilitic affections of the womb, for fear each leech bite should become an ulcer. The same may be said of those cases in which the inflammation is characterized by the production of diphtherial membranes.

It is well to state here that in the summary of Dr. Tilt's article on uterine exfoliation, published on page 41, ninth line from bottom, an error in punctuation renders the meaning of a sentence obscure. It should read—"with the external use of mercurial ointment and extract of belladonna, and the iodide of potassium to be taken in a compound infusion of gentian."

American Medical Times.

SATURDAY, MARCH 8, 1862.

A CAUSE OF PROFESSIONAL IGNORANCE.

OFTEN in reported cases mention is made of an "intelligent practitioner" who was called in an emergency, or was in some other way brought in contact with the patient. This term, now so often used as expressive of the qualifications of a particular physician, has more significance attached to it than one would at first be prepared to admit. Not every physician who claims the title has the right to the appellation of an intelligent one. This humiliating statement, we are sorry to say, can be corroborated by instances in every particular medical community. The existence of this class can be accounted for in a very great degree by the defective preliminary education so commonly met with among our students of medicine, rendering them altogether unfit for the proper elucidation of those abstruse points with which the science of the healing art abounds. Besides this, we have another very fruitful source of incompetency and ignorance, in the want of sufficiently rigid examinations by many of our medical colleges. The ordeal of the "Green room" is too often passed by the unqualified student without difficulty, and the physician, thus prematurely made and titled by law, claims what he considers his rightful rank. To these points, however, the attention of the profession has been frequently enough called, and no one doubts the necessity of a thorough reform in the whole matter of medical education. So much for the foundation which the profession has to work upon.

We wish at this time, in connexion with the subject under consideration, to consider a very fruitful source of ignorance in our profession, and one which is important as applying equally to the educated and the illiterate, and that has reference to the want of a habit of systematic reading. It is indeed surprising to find how few physicians are given to reading anything that treats of medical subjects; even those who have every seeming facility for improvement, in the shape of good libraries, scarcely ever have a disposition to look further into a new book than the heads of its chapters. In reference to the amount of reading done in the medical world, we may, for the sake of convenience, divide the profession into three general classes, giving a type of each.

Firstly, then, we notice the physician who has cultivated habits of study, and who is every spare moment with his books. His practice may be large, and his professional

engagements numerous, yet he always finds time to spend with his favorite authors, and read with interest and profit his periodicals. Such men study because they have a passion for it; because they know its necessity, and because they are sure of its rewards. How we may well blush to own that we have too few of such among us.

Again, there is a class by no means small who have a disposition to study, but who are always finding something else of pressing importance to engage their attention. This habit of indolence, easily got into, is hard to shake off, and the victim becomes a constant prey to a knowledge of his ignorance on the one hand, and a desire for reputation on the other. These are not, however, wholly lost to their sense of duty, but are only thoroughly aroused when an emergency occurs in the shape of an important case. The book is then taken from the shelf, and the desired chapter is found. The result of the necessarily hurried reading is to render "confusion worse confounded;" a consultation ensues, and the chance for a reputation may probably be lost to him for ever. Can such a practitioner be unacquainted with the reason of his ignorance?

We will allude to still another class, who ignore reading almost altogether, and make it a practice to rely upon their general knowledge. The principles of medicine which were taught them during the time they attended medical lectures, they are content to spend a lifetime in putting in practice. Examples of such are frequently met with who for more than a quarter of a century have, as far as the acquirement of the knowledge of the science of their profession is concerned, made not the slightest advance. Were we to recite the many facts which have come to our knowledge as proofs of the ignorance of such men, we would be scarcely believed; and yet very many of them enjoy large practices, and their patients believe that they are receiving the benefits which all the recent improvements made in science can give them. It is impossible to conceive how anything short of the merest luck can in the great majority of instances shield such from disgrace, while in their important cases we are forced to admit that they succeed as did the man who when asked upon a certain occasion how he sent a bullet through the centre of a target, replied, "By shutting both my eyes."

We cannot lose sight of the fact that the habit of careful reading must be practised to a greater extent among medical men than it seems to be. No profession should embody more learning than does that of medicine, and the physician who neglects to improve opportunities for acquiring necessary knowledge is in the highest degree culpable.

The question of time is an excuse, which is perhaps oftener urged against the proper prosecution of study—and with some show of reason. The uncertain calling of a physician no doubt interferes in a very great measure with his plans for self-improvement; a creature of emergency, he can call no time truly his own; but we will venture to say that even among the busiest spare moments can always be found. The very class of cases which are the most destructive of time, the tedious labors, afford not unfrequently golden opportunities for study to him who prepares himself for it by a book in his pocket. It is said with a good deal of truth that busiest men have generally the most time, and no one need search very long in any community to find a case in point.

In large cities there is comparatively less reading among medical men generally than in small towns, the reason for

which can easily be given by reference to the fact that consultations can be called at the shortest notice in the former places. The want of self-reliance is felt much more in the cities of New York, Philadelphia, and Boston, on account of the easy access which all have afforded to men in every speciality, than in the back woods of civilization, where the unassuming country doctor can consult with no one but through his books. Had the city physician half the energy which is possessed by his country cousin, he could, on account of greater facilities, lay claim with good grace to superior qualifications. Surprise has often been expressed at the intelligence of some country physicians, but the trouble is not taken to inquire into the reason for it.

The question naturally comes up here, what shall we read? The answer is, standard works and medical periodicals. We have previously taken occasion to allude to the importance of the latter publications to all engaged in active practice. Standard works appear only at certain periods, while the office of the medical journal is essentially to keep the professional public informed upon every advance in science that has been made in the interval. We have no hesitation in saying that very many lives have been saved by a timely knowledge of a new and valuable mode of treatment, and we imagine that no prejudice against medical journals can offer an excuse for a neglect of duty to the patient.

In conclusion, we must once more urge this necessity upon all those who are not addicted to a habit of study—to set about earnestly to cultivate it, as a duty to themselves, their patients, and their profession. Scientific knowledge is within the reach of the humblest aspirant to medical honors, if he only have energy sufficient to put forth the requisite amount of untiring labor to obtain it. When every facility is afforded for improvement, indolence is the only excuse for ignorance. Let all those who are complaining of want of time, set about seriously to consider how very many opportunities they have allowed to slip by unnoticed. To those who are repentant of past indolence and are acting in accordance with their sense of duty, we would promise a rich reward; the habitual student, however, stands in need of no encouragement.

THE WEEK.

We alluded last week to the neglect of the law regulating the sale of poisons, and on further investigation we conclude that its inefficiency is not due to any defect in the law itself, but to the fact that there is either no one appointed to take cognizance of its violation, or that the proper officers are inattentive to their duty. The penalty for the sale of a poison by an apothecary without complying with the requirements of the law, is a fine of fifty dollars; but as in most cases the purchaser is the only one cognizant of the offence of the vender, no complaint is made, and hence no prosecution laid. But in such cases as those mentioned by us last week, the attempted suicide of Gordon at the Tombs, and another, of which public mention has been made, the Police Justices or other criminal officers should have inquired into them, and brought the offenders to trial. We know of a case, however, in which the District Attorney totally neglected his duty, even though the circumstances of the case (a death which would doubtless have been avoided had the apothecary obeyed the law), with the necessary evidence, were placed in his hands. It has not

been heard of since, though a year has elapsed—the probable reason being the family relationship of the offender to a certain well known city official.

We allude to this subject again, to draw attention to the fact, that a provision for the enforcement of this and other important and neglected sanitary laws, is contained in the *Metropolitan Health Bill* now before the Legislature, in the following brief but comprehensive language: "*The Board of Health shall also, in the cities and counties named in this Act, enforce all laws and ordinances prohibiting or regulating the sale of poisonous, adulterated, or unwholesome drugs, medicine, or food.*" If for this clause only, the passage of the act referred to would be a great blessing.

At the meeting of the Academy of Medicine on Wednesday evening, March 19th, the members will be called upon to give a definite expression by discussion and vote, on the propositions submitted by DR. BARKER at the end of his paper on the "Use of Anæsthetics in Midwifery;" they are as follows:—

1st. Anæsthetic aid is of the greatest value in the obstetric art, and chloroform is generally the preferable agent for this purpose.

2d. It exerts no injurious effect, when properly administered, upon the health of either the mother or the child.

3d. It is perfectly justifiable to use chloroform in natural labor, solely for the purpose of relieving pain.

4th. It is especially useful in calming the extreme agitation and mental excitement which labor often produces in every nervous woman.

5th. It should be administered in those cases of natural labor where the progress is suspended or much retarded by the pain occasioned by previous diseases, or such as may supervene during labor, and in those cases where the irregular and partial contractions occasion intense and almost constant pain, but have no effect to advance labor.

6th. It is of great service in spasmodic contractions and rigidity of the cervix uteri, in tetanic rigidity of the perineum, in certain forms of puerperal convulsions, and in the various obstetrical operations.

It has been too much the custom heretofore to allow important questions that have been discussed to pass without final action. For the proper completion of such subjects, every member should be called upon to give his decision.

The report of the Philadelphia Board of Health presents some startling facts. Two years since the mortality of that city was officially reported at 1 in 64 of its population; for the year 1861, it was 1 in 39! The deaths by small-pox reached the enormous figure of 758! How is this alarming increase in mortality to be explained?

We have lately received an announcement of the Annual Medical Register of New York City. The compiler of this work is DR. GEO. H. TUCKER, one of the most laborious and reliable medical statisticians in this country. We have examined the manuscript sheets of the volume, and find the contents of great historical value to the profession. It is to be regretted that we have no *Medical Historical Society* engaged in collecting and preserving the memorials of the past, which are gradually being lost beyond recovery. In the absence of such an organization, a serial work of this kind which, like Valentine's Manual,

shall annually gather up the present medical records of this city, and such memorials of the past as patient research can bring to light, should be liberally sustained. The work will be published only on condition that a sufficient number of subscribers are obtained. We heartily endorse this undertaking of Dr. TUCKER, and can assure the profession of the city that the work merits every encouragement.

Reviews.

HEALTH; Five Lay-Sermons to Working People. By JOHN BROWN, M.D., Author of "Rab and his Friends," etc. Robert Carter & Brothers, New York.

A good investment for every medical practitioner would be to purchase half-a-dozen copies of this little book, and circulate them among his "families." It affords a most agreeable hour's reading, full of instruction, in the author's peculiar vein of pleasantry, and conveys sentiments, and inculcates practice, relating both to the doctor and the patient, and their mutual relationship, which cannot be too thoroughly instilled. We confess to have derived no little comfort and help from its pages, in the wearisome plodding of the daily round of practice.

Correspondence.

PLUGGING THE VAGINA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The following illustrative cases will corroborate the statements made by Dr. E. P. Bennet in the MEDICAL TIMES, on the use of the speculum, and also show the efficacy of Squibb's Liq. Ferri Persulph. in uterine hæmorrhage. I.—Mrs. B——, in the third month of pregnancy, began to flow after some unusual exertion. I saw her a few hours after. On a digital examination the os was found slightly open, but no membranes protruded. I at once introduced the speculum, and through it passed a conical piece of sponge, saturated with the persulphate, into the os, and retained it there with the forceps for a moment or two. There was no flow for twelve hours, when she suffered some severe uterine pains, and the contents of the womb were expelled in one mass. The loss of blood was very slight, and she regained her strength rapidly. II.—Mrs. W——, about ten weeks advanced in her gestation, returned home from a long walk and was taken with a profuse hæmorrhage from the vagina. I found her on the bed, her face completely blanched and her pulse a mere wave. I was told she had passed some clots, which had been thrown away. Stimulants were administered for immediate relief. Portions of the membrane were protruding from the os, which were removed. The speculum, having its inner surface well oiled, was introduced, and the end of a long strip of muslin, two inches wide, saturated with the persulphate, was carried firmly into the os, and as the speculum was withdrawn the vagina was thoroughly plugged. By these means the hæmorrhage was at once arrested. The tampon was removed after thirty-six hours, and the recovery, though slow, was uninterrupted. III.—I was called, about a year since, to see a woman who was suffering from profuse uterine hæmorrhage. She was fifty years of age, the mother of several children, feeble, and extremely nervous. All the means, general and local, that were practicable, were used to arrest the flow without success. The os was dilated with sponge tents, and the womb examined for polypoid growths, but none were found. My patient failing from day to day, as a last resort I injected two drachms of the persulphate into the cavity

of the womb. The hæmorrhage ceased and she recovered. There has been no return of the trouble since.

Yours, etc.,

J. T. CONKLING, M.D.

BROOKLYN, N. Y., March 1, 1862.

DELIRIUM TREMENS SUCCESSFULLY TREATED BY THE ICED BATH.

BELLEVUE HOSPITAL, Jan. 29, 1862.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Some two years since, in conversation with Dr. Bauer of Brooklyn, he suggested to me the use of the ice-bath in delirium tremens. Since that time I have used it several times with the most satisfactory results.

I have just received the inclosed letter from Dr. Smith, of the hospital at the Workhouse on Blackwell's Island, and if you deem it worthy please give it a notice in your valuable journal.

In connexion with this case I would refer to another which came under my treatment some weeks since.

I was called about 11 P.M. to one of our fashionable hotels, to see a gentleman with delirium tremens. He was under the care of two of the best physicians in the city, and yet he was unable to be composed. Had had no sleep for some time, was perfectly wild, great muscular tremor, and jactitation; pulse 160. He was placed in the ice-bath, and retained there 10½ minutes, when he became quiet; pulse 76. He was then placed in bed, and almost immediately dropped asleep. The nurse was directed to repeat the bath in case he again became wild; but strictly cautioned about the danger, and the necessity of carefully watching the pulse in order not to produce too great exhaustion. The next morning I called in consultation at 10 o'clock, and found the patient had gone to business. The nurse stated that he slept quiet until 4 A.M., and then began to talk a little wild; he put him in the bath for three minutes, when he became quiet and was put in bed; he immediately fell asleep, and got up at 8 o'clock, perfectly well, ate his breakfast, and went down town to business.

It is only necessary to refer to the travels of any person in the arctic region, to learn the powerful sedative effect of intense cold; in fact, it is impossible to rouse them up and prevent them from going to sleep. Now this is the great object to be produced in delirium tremens, and in the application of cold we have an agent more powerful than opium, and equally safe if carefully watched.

Yours, etc.,

LEWIS A. SAYRE, M.D.

NEW YORK, Jan. 28, 1862.

DEAR SIR:—I have at last had an opportunity to try the ice-water bath for the cure of delirium tremens, as you requested me to do, and I am happy to be able to give you the history of my first case, the result of which is quite satisfactory.

John Wilson, a native of England, 45 years of age, blacksmith by trade, has been in this country fourteen years; he has an excellent constitution, and is remarkably strong and vigorous; was sent to the Workhouse, Jan. 19, 1862. Jan. 20th.—Showing no signs of delirium he was set to work. On the evening of Jan. 22d he became so delirious that we were obliged to place him in a cell by himself, with no medical treatment; for I wished the height of his delirium to have been attained that I might give the ice water a fair trial. He became gradually worse until the evening of Jan. 23d, when it became necessary to place a strait jacket on him. His delirium continued to increase during the night so much, that we were obliged to tie him down. Jan. 24th.—He was now as wild as it was possible for him to be. I had the bath prepared, and sent for Dr. Clark of the Almshouse. 8½ o'clock A.M., the strait jacket was now removed, and his lungs examined by Dr. Clark and myself and found perfectly healthy; he was stripped, and placed in the bath-

tub, where he was kept nine minutes; the ice was broken into small pieces, and dropped in during the whole time; temperature of the water 38°. His pulse was now 102 beats per minute. 1st minute, no change perceptible; 2d minute, no change perceptible; 3d minute, pulse stronger, and not so frequent; 4th minute, sedative effects very perceptible; 5th minute, pulse 100; 6th minute, sedative effects more marked; 7th minute, pulse 90; 8th minute, pulse 80; 9th minute, patient perfectly quiet. He was now removed from the bath, rubbed dry, and placed in bed, well covered up. Ten minutes after, pulse 72; he lay quiet; talks perfectly rational. Nine o'clock, pulse 85; has stopped talking, and is perfectly quiet. He remained quiet until 1 o'clock P.M.; did not sleep; then symptoms of delirium again began to show themselves, and increased rapidly until 8 o'clock P.M. He was again placed in the bath; temperature of the water 38°; pulse 82. He was kept in the water this time twelve minutes. 3d minute, sedative effects marked; 4th minute, pulse slower; 6th minute, pulse 64; 11th minute, pulse 50; 12th minute, he was now on the verge of syncope, and gasping. I immediately removed him from the bath, had him rubbed dry, and placed in bed, when he soon went to sleep. Jan. 25th.—Slept well all night, ate his breakfast, and has again gone to sleep. Jan. 26th.—Slept well last night. Jan. 27.—Eats heartily; no symptoms of tremor remain. Jan. 28.—He has gone to work, perfectly well. I am confident that if I had continued the first bath, until I had made a more decided impression upon him, there would have been no occasion for the second one; but it was the first time I had ever seen anything of the kind, and I was naturally afraid of so powerful a remedy.

Yours, etc.,

DR. LEWIS A. SAYRE.

ORSAMUS SMITH,
Resident Physician.

FOREIGN MEDICAL NOTES.

In Paris, one of the most recent scientific events has been the appearing of Ricord in the amphitheatre of Hotel Dieu, by special invitation of M. Trousseau (or rather, I might say, he was forced out by the "*contagionnistes secondaires*"), who furnished him with the following knotty text to preach from:—

A young woman, eighteen years of age, entered the 6th of September in the service of Professor Trousseau to receive treatment for metritis. She had been vaccinated in infancy, as well marked traces in both arms were to be seen. In October there existed in the same service an epidemic of varioloid, and as our patient was obliged still to remain in the hospital, she was freshly vaccinated in the first days of said month. The vaccine was got from a child of good aspect, and whose mother was healthy. The same vaccine served four others, and in all five its phases were normal. In the young woman, on the contrary, it did not work so well; the pricks made with the lancet became prominent the day after, with an inflamed areola, itching extreme; and four or five days after all signs of a sore had passed away. She left the hospital November 9th, that is to say, a full month after the operation, without having presented any pustule or any suspicious coloration at the point of vaccination. After her liberty she was well until the first days of December, when she returned to show her arm, which had at the place vaccinated two ulcerations covered with thick scabs, and stratified like scabs of rupia. These ulcerations were at the time regarded as being the result of a vaccination of long incubation, *à debut tardif, à marche anormale*. One month later, January 11th, 1862, Madame X. applied for readmittance to the Hospital, as her uterine affection required still further treatment. At this date the apparent vaccine sores had not cicatrised, but continued to suppurate; their scab seemed indurated; in the axilla was found adenopathy, while on the trunk, arms, and chin, bloomed a roséole, the specific nature of which could not be doubted, and besides, there was cephalalgia and occipital

adenopathy. The patient stated that the eruption had existed since the middle of December, 1861, that is to say, six weeks after inoculation of the vaccine.

DIAGNOSIS OF M. RICORD.

Ulcus elevatum, double, on the left arm, *pléiade ganglionnaire, roséole spécifique*, type of syphilis constitutional, having had its origin, its *porte d'entrée*, in the two ulcerations of the left arm.

How did this woman contract syphilis? M. Ricord gave two lectures upon this case, and on each occasion the little amphitheatre of Trousseau was densely crowded with admiring friends, for he was always popular. He commenced by making the following rapid *exposé* of his doctrine in syphilis, which, with some slight modifications, is as of old, as that still inculcated at *Hôpital du Midi*:—No syphilis without chancre—*chancre induré* is the *chancre infectant*—the *chancre infectant* has, as consequence, indolent adenitis, non-suppurating and always general infection, if not opposed by proper treatment. Soft chancre, non-infecting:—neighboring glands may inflame, be painful, and suppurate. Every individual having had an indurated chancre can contract but a soft chancre, unless the syphilitic diathesis had been entirely eradicated by treatment, which is comparatively rare. M. Ricord no longer believes that the difference in these chancres is owing to difference of *terrains*, and now admits the duality of virus.

As for the contagious powers of secondary affections M. Ricord concedes that such accidents do occur, but that they are of very rare occurrence. Dr. Sarrhos, he stated, inoculated himself with matter from secondary affections over thirty times, and always without success. Also M. Cullerier (successor to Ricord at the Midi Hospital) was inoculated in the forearm a great number of times with the morbid secretions of secondary syphilis, and always with impunity. While he admits that secondary can be *occasionally* contagious, M. Ricord is of opinion that the advocates of this doctrine have frequently mistaken an indurated chancre for a *plague mucus*, and have in this manner procured so much evidence in their favor.

Finally, can syphilis be transmitted by the blood? Can the blood of an individual, syphilitic when it gets inoculated, generate syphilis in the same manner as pus taken from an indurated chancre? Is the blood of a syphilitic contagious? Evidently not; if so, what would be the consequence of bleeding, blistering, and leeching one-third of our Hospital patients in large cities? And where is the surgeon who has not again and again literally washed his hands, regardless of excoriations, in syphilitic blood, and have any of them as yet contracted the disease in such manner?

How the subject of these observations contracted syphilis is not decided. The great Ricord staggers, and the momentous question as to whether or not vaccine is a vehicle for syphilis remains open for further dissertation. *Lumière s'il vous plaît.*

CYGNET.

Jan. 31, 1862.

BARON SEUTIN, member of the Senate, and physician-in-chief of the Belgian army (1831–40), etc., has just expired at Brussels, at the age of sixty-nine. This distinguished practitioner was ennobled by King Leopold. He was also an officer of the Legion of Honour.—*Brit. Med. Jour.*

LIST OF THE NAMES OF SURGEONS AND ASSISTANT SURGEONS APPOINTED TO THE VOLUNTEER REGIMENTS OF THE STATE OF NEW YORK, SINCE JAN. 24, 1862, AND THE CHANGES WHICH HAVE OCCURRED IN THE REGIMENTS IN THE FIELD FROM THE SAME DATE.

Feb. 18.—Henry C. May, M.D., Surgeon 5th Regt., vice James L. Van Ingen, discharged; Owen Munson, M.D., Asst. Surgeon 5th Regt., vice B. Ellis Martin, resigned; A. F. Fitch, M.D., Asst. Surgeon 79th Regt., vice ———, on parole. Feb. 20.—Robert V. McKim, M.D., Asst. Surgeon 57th Regt., promoted to Surgeon, vice Geo. H. Leach, resigned; Henry C. Dean, M.D., Asst. Surgeon 57th Regt., vice Robert V. McKim, promoted; W. C. Lewis, M.D., Asst. Surgeon 59d Regt. (3d N. Y. S. M.), vice ———, Ferguson, on parole.

DEATH.

WILLIAMS.—On March 1st, at his residence in this city, A. V. WILLIAMS, M.D., in the 60th year of his age.

ERRATUM.—In Drs. Roosa and Little's Hospital Report, page 123, second line, instead of "Scalp Wounds of Brain," read "Scalp Wounds."

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 23d day of February to the 2d day of March, 1863.

Deaths.—Men, 92; women, 76; boys, 186; girls, 190—total, 424. Adults, 168; children, 256; males, 238; females, 186; colored, 7. Infants under two years of age, 168. Children reported of native parents, 25; foreign, 192.

Among the causes of death we notice:—Apoplexy, 6; Infantile convulsions, 40; croup, 10; diphtheria, 18; scarlet fever, 41; typhus and typhoid fevers, 10; cholera infantum, 0; cholera morbus, 0; consumption, 64; small-pox, 9; dropsy of head, 16; infantile marasmus, 23; diarrhoea and dysentery, 0; inflammation of brain, 8; of bowels, 5; of lungs, 81; bronchitis, 6; inflammation of brain, 18; of lungs, 7; erysipelas, 8; whooping cough, 4; measles, 2. 280 deaths occurred from acute disease, and 45 from violent causes. 299 were native, and 125 foreign; of whom 51 came from Ireland; 1 died in the Immigrant Institution, and 45 in the City Charities; of whom 11 were in the Bellevue Hospital.

Deaths for the Week ending March 4, 1861..... 408
 " " " February 24, 1863..... 400
 " " " March 8, 1862..... 424

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 67 Essex street, New York.

Feb. 1863	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'n, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	"	"	"	"	"			
22d.	29.84	.40	34	30	42	3	6	W.	10	809
23d.	29.74	.11	37	33	40	2	4	NE to SW	9	879
24th.	29.84	.97	35	20	43	8	4	NE to NW	7	780
25th.	30.21	.34	23	14	30	6	9	N.W.	1	600
26th.	30.00	.40	31	24	37	3	5	W.	9	786
27th.	29.57	.30	30	23	36	3	4	N.W.	7	773
28th.	29.68	.10	24	17	30	5	7	N.W.	0	661

REMARKS.—23d, Very light rain early A.M.; sunshine 9 A.M.; fog late P.M. 24th, Fog and light rain A.M.; the lowest point of the barometer for the month, 29 inches, was on this day, at the time of the highest range of the thermometer, and upon the 25th occurred the highest point of the barometer and the lowest temperature; this state of the air preceded and accompanied a change of wind and tempest which lasted twelve hours. 26th, Variable A.M., cloudy P.M. 27th, The heaviest snow storm of the season (6 inches on a level) commenced at 3 A.M., lasting twelve hours. 28th, Fresh wind all day. Rain and melted snow for the week 0.73 inch; for the month 3 inches.

REPORT OF THE METEOROLOGICAL COMMITTEE OF THE COUNTY MEDICAL SOCIETY, READ MARCH 3, 1863.

	Degrees.
Mean temperature for the month of February.....	30
" " " at 6 A.M.....	25
" " " at 10 A.M.....	30
" " " at 2 P.M.....	36½
" " " at 6 P.M.....	32
" " " at 10 P.M.....	28
Mean temperature of evaporation at 6 A.M.....	32
" " " at 10 A.M.....	36½
" " " at 2 P.M.....	30½
" " " at 6 P.M.....	28
" " " at 10 P.M.....	25
Mean minimum temperature.....	24
" range.....	6
" maximum temperature.....	30
" temperature of evaporation.....	26
Minimum temperature in the month, on the 25th.....	14
Maximum " " " 24th.....	48
Minimum " of evaporation.....	11
Maximum " " ".....	44
Mean weight of vapor in a cubic foot of air.....	1.73
Minimum " " ".....	1.12
Maximum " " ".....	3.21
Mean height of barometer at 6 A.M.....	In. 29.95
" " " at 2 P.M.....	29.94
" " " at 10 P.M.....	29.96
Mean height of barometer for the month.....	29.94
Minimum " " " on the 24th.....	29.04
Maximum " " " 25th.....	30.84
Inches of rain and melted snow.....	8
Days of Easterly winds.....	7
" Westerly winds.....	31
Days mostly clear.....	13
" cloudy.....	16
Hours of rain, hail, and snow.....	90
Clear sunrises.....	10
" sunsets.....	8

REMARKS.—The month was warmer, damper, more cloudy, and stormier than usual.

MEDICAL DIARY OF THE WEEK.

Monday. March 10.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M.
Tuesday. March 11.	{ NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday. March 12.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 12 M. EYE INFIRMARY, 12 M. PATHOLOGICAL SOCIETY, half-past 7 P.M.
Thursday. March 13.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Elliot, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday. March 14.	{ NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, 12 M. Dr. Noyes's Lecture, half-past 1 P.M.
Saturday. March 15.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

ALUMNI ASSOCIATION, COLLEGE OF PHYSICIANS AND SURGEONS, MEDICAL DEPARTMENT OF COLUMBIA COLLEGE.—*The Annual Oration before the Association will be delivered by D. TILDEN BROWN, M.D., (class of 1844,) of New York, at Dr. PARKER'S Church, corner of 22d street and 4th Avenue, on Thursday, March 13th, at 7½ o'clock P.M., after the usual Commencement exercises. The Alumni of the College are requested to assemble in the Lecture-Room of the Church at 7 o'clock.*

The Annual Meeting will be held at the residence of PROF. ALONZO CLARK, 30 East 21st street, on Friday 14th inst., at 8 o'clock P.M.

BELLEVUE HOSPITAL MEDICAL COLLEGE.—*The Commencement exercises of this College will be held on Monday evening, Feb. 10th, at 7½ o'clock P.M., at Irving Hall, corner of Irving Place and 15th street. Addresses will be made by the HON. SIMON DRAPER, President of the Board of Trustees, and the REV. E. H. CHAPIN; by PROF. GEORGE T. ELLIOT on the part of the Faculty, and Dr. V. B. HUBBARD on the part of the Graduating Class.*

The Examination for Junior Assist-

ants to Bellevue Hospital will take place on March 18, 1863. Application must be made at once to the Chairman, JAMES R. WOOD, 3 Irving Place. The applicant must come recommended to the Committee by a member of the Medical Board of Bellevue Hospital.

JAMES R. WOOD, CHAIRMAN.

At a Meeting of the Students of

BELLEVUE HOSPITAL MEDICAL COLLEGE, the following Resolutions were unanimously adopted:—

Whereas, During the present session of 1861-2, the Faculty of the Bellevue Hospital Medical College have been unceasing in their labors and endeavors, to place within our reach every possible means and privilege for the interest and benefit of the attending class; and, in view of the foregoing facts, deeming it just and proper that we should give public expression to the feeling of perfect satisfaction which the course of instruction received during the past term, has given every member of this class; therefore,

Resolved, That as an expression of our appreciation of the unremitting interest they have manifested in all departments of instruction, and as a slight return for the many benefits we have received, we hereby tender to the Faculty of the Bellevue Hospital Medical College, our sincere and heartfelt thanks.

Resolved, That the Commissioners of Public Charities and Correction, by giving students of medicine access to the public institutions under their charge, thus granting them extraordinary facilities for the practical study of disease in all its forms, have conferred a great benefit upon the medical profession, and consequently upon the community at large.

Resolved, That it is our unanimous conviction, founded upon the past winter's experience, that the Bellevue Hospital Medical College, from the thorough combination of didactic with clinical teaching, and from its intimate connexion with the most extensive hospitals on this continent, offers advantages and facilities for the acquisition of a thorough and practical medical education heretofore unknown in this country.

Resolved, That Messrs. Peck, Dwight, and Daniels, be appointed a committee to present a copy of these Resolutions to the Faculty of Bellevue Hospital Medical College, also, to the Commissioners of Public Charities and Correction, and secure the publication of the same in the AMERICAN MEDICAL TIMES and New York Medical Monthly.

A. G. AVERY, M.D., CHAIRMAN.
 G. B. MILLER, M.D., SECRETARY.

E. & S. FOUGERA, PHARMACEUTISTS, No. 30 N. William st., N. York, and No. 169 Atlantic st., Brooklyn,

GENERAL AGENTS FOR THE FOLLOWING PREPARATIONS:

AGENTS: T. METCALF & CO., BOSTON, MASS.; H. P. WAKELEE, SAN FRANCISCO, CALIFORNIA; E. L. MASSOT, St. Louis, Mo.; , BALTIMORE, MARYLAND, ETC., ETC.

To be had also from the first class Drug Stores.

ALBESPEYRE'S BLISTERING TISSUE.

This Tissue is always reliable, being of a uniform strength and blistering in six hours. It is neat, handy, economical, and of a great convenience for *Physicians* (principally country *Physicians*) *Pharmacologists*, and *Patients*. Generally used in the civil practice; it is the only one employed in the active armies and hospitals of France.

ALBESPEYRE'S EPISPASTIC PAPER, is used for maintaining blisters, in preference to any drawing ointments.

RAQUIN'S CAPSULES.

Approved by the French Academy of Medicine—Daily prescribed with success by the profession at large. These *Capsules* are superior to any similar preparations.

GENEVOIX PURE OIL OF HORSE CHESNUTS.

This *Anti-Gout* preparation is among the numerous topical applications possessed by therapeutics, the best external remedy for *Gout*, *Rheumatism*, and *Neuralgia*.

N.B. It is very important, in applying this oil, to rub gently on the inflamed part, *but the skin is completely saturated with the oil.*

E. GENEVOIX, Pharm., 14 Rue des Beaux Arts, Paris.

BLANCARD'S PILLS OF IODIDE OF IRON.

Every physician, every work of medicine, regards the Iodide of Iron as an excellent preparation, uniting the properties of both Iron and Iodine.

Each pill contains one grain of Iodide of Iron, the dose is two to four pills a day. None are genuine which have not a reactive silver seal attached to the lower part of the cork, &c., &c.

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BONJEAN'S ERGOTINE & DRAGÉES OF ERGOTINE.

Bonjean's Ergotina, or purified Extract of Ergot, is the extractive principle of *Secale Cornutum*, minus its poisonous substance. In consequence, *Bonjean's Ergotina* may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of *Bonjean's Ergotina* is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

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QUEVENNE'S IRON AND DRAGÉES OF IRON BY HYDROGEN.

Physicians desirous to have a faithful article, will prescribe *Genuine Quevenne's Iron*, which is always uniform and reliable, and quite different from the commercial Iron by Hydrogen.

It comes in small bottles, with a tin spoon containing two grains of Iron, which is a dose.

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LEBEL'S SAVONULES OF COPAIVA, &c., &c.

The unfriendly action of Copaiva on the stomach, causing nauseous eructations and gastric derangements, renders its continued employment often impossible. In Lebel's Savonules, the Balsam, by its saponification with an alkali, is modified in such a manner, that its digestion is easy and its absorption more ready, besides its elegant form and disguise under a coating of gluten, recovered by sugar as a dragée, neither offend the sight nor displease the palate.

PIERLOT'S VALERIANATE OF AMMONIA, FOR NERVOUS AFFECTIONS.

This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia*, *Epilepsy*, *Convulsions*, *Hysteria*, &c., &c.

Dose.—Two to three teaspoonfuls daily.

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GENERAL AGENTS FOR THE ABOVE PREPARATIONS.

N.B. PHARMACEUTISTS AND WHOLESALE DRUGGISTS will find it to their advantage to send for our new Price Current, in which the prices of Imported French Medicinal Preparations are much reduced.

BOUDAULT'S PEPSINE.

Successfully prescribed in *Dyspepsia*, *Gastralgia*, in slow and difficult digestion, in chronic diseases, and also to arrest vomiting during pregnancy.

Dose.—Fifteen grains in powder, two or three times a day, just before eating.

LABELONYE'S GRANULES OF DIGITALIS.

Each Granule contains one-third of a grain of Hydro-alcoholic Extract of *Digitalis Purpurea*. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations*, *Aneurisma*, and *Hyper-trophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

Dose.—Four to ten Granules daily.

LABELONYE, Pharm., 19 Rue Bourbon Villeneuve, Paris.

FRUNEAU'S ASTHMATIC PAPER.

This paper contains a determined quantity of Nitrate of Potash, Belladonna, Hyoscinum, Stramonium, and it burns well, and its pleasant fumes near the patient, in a closed room, relieve immediately all oppressions.

FRUNEAU, Pharm., NANTES, FRANCE.

E. & S. FOUGERA'S COMPOUND DRAGÉES OF SANTONINE.

These Dragées compound of Santonine and Jalapine are at the same time vermifuge and purgative—being coated with sugar they are pleasant to take, even for children. Each Dragée contains half a grain Santonine and one-fifth of a grain of Jalapine, with chocolate and coated with sugar.

Dose.—Ten to twelve a day for an adult, repeated three days.

GELIS & CONTÉ'S DRAGÉES OF LACTATE OF IRON.

Approved by the French Academy of Medicine.

The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis*, *Whites*, *Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

Dose.—Two to three, three times a day.

PAULINIA-FOURNIER.

Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia*, *Headache*, convulsions of the stomach, &c., &c. It is favorably spoken of by Drs. Trousseau, Pidoux, Grisolle, &c., &c.

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E. & S. FOUGERA'S DRAGÉES AND SYRUP OF PYROPHOSPHATE OF IRON.

The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility*, *Anœmia*, *Dyspepsia*, *Neuralgia*, and principally where a nervous tonic is indicated.

Dose.—Two to four Dragées, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as cod liver oil. Dose.—A teaspoonful two or three times a day.

No. 19 Rue Bourbon Villeneuve, Paris.

Original Lectures.

CLINICAL LECTURES ON THE PUERPERAL DISEASES.

DELIVERED AT THE
BELLEVUE HOSPITAL MEDICAL COLLEGE.
By B. FORDYCE BARKER, M.D.,
PROFESSOR OF MIDWIFERY AND DISEASES OF WOMEN, ETC., ETC.
LECTURE III.—PART I.

ON INFLAMMATION OF THE BREASTS AND MAMMARY ABSCESS.

GENTLEMEN:—I call your attention to-day to a class of affections, the importance of which can hardly be exaggerated. Inflammation of the breasts and mammary abscess are more liable to be developed during the first four weeks after confinement than at any other period, but it may occur at any time during lactation or gestation. It sometimes, although much more rarely, is met with entirely unconnected with either of these states, as I have seen in the young girl, and even in the new-born infant of both sexes, and this, too, where I had no reason to believe that the breasts had been maltreated by an ignorant or prejudiced nurse, from the absurd belief that the milk in the breasts of the infant must be squeezed out. When inflammation of the breasts and mammary abscess occurs during the puerperal state it is always a deplorable, and sometimes a very grave and dangerous complication, as not unfrequently there are a succession of abscesses which not only interrupts, but may permanently destroy the functions of the organ; the spirits of the patient are broken, the strength of mind shaken, and the general system is exhausted, and for a time seriously impaired. You should also know the fact that such cases sometimes terminate fatally, even when under the treatment of the first talent, and those of the largest experience in the profession, as for example:—Velpeau gives a resumé of two hundred cases, which occurred in his service, three of which died, one hundred and thirty-nine were cured, in twenty-eight the cure was incomplete, and the results in the remainder of the cases were unknown. The reputation of the medical attendant under such circumstances is also seriously jeopardized, as the popular belief is, that such a train of consequences must be due either to neglect or mismanagement on the part of the monthly nurse, or the doctor. So general is this belief, that monthly nurses are almost as ready to admit that they have committed fornication, as to acknowledge that any woman that they have taken care of has had a "broken breast." And we see the influence of such a belief on the profession in the statements which now and then appear in the medical press, that inflammation may be arrested, and abscess prevented, by rubbing the breasts, or by the use of belladonna, or by some other special local treatment.

Now all such statements are worse than nonsense, for they are sure to mislead and grievously disappoint those who place any reliance upon them. Whenever you meet with such statements you may be sure that they emanate from those of little clinical experience, who have deduced general principles from a very limited number of observations. The special literature on this subject is unusually rich, as, in addition to all you find in your obstetrical and surgical text books, Sir Astley Cooper, the most distinguished and brilliant of modern English surgeons, has written a treatise on the diseases of the breasts, which will long be a classical authority. Velpeau, who holds a corresponding rank among the living surgeons of France, has published, a few years since, a volume of more than seven hundred pages on this subject, which ought before this to have received an English translation. During the past year a paper on Mammitis, with an analysis of seventy-two cases, was read by Mr. T. W. Nunn, Surgeon to the

Middlesex Hospital, before the Obstetrical Society of London. Important contributions on this subject may be found scattered through the medical periodicals of this country and of Europe. I may particularly mention some articles which have appeared in our own journals, as in the *New York Journal of Medicine*—one by Dr. Conant Foster, formerly Physician to this Hospital; a Report of fourteen cases, by Dr. John G. Johnson, formerly House Surgeon to this Hospital; and in the *American Medical Monthly*, a valuable Essay, by my colleague, Dr. Thomas. I give you the principal literature of the subject, because, if any of you should have a perplexing and tedious case of this kind, as may very likely happen to you soon after commencing practice, if you feel the right kind of interest in your cases, and are animated by a true medical spirit, you will be anxious to search out all that is known on it. I fear also that you will find that the appropriate treatment adapted to each special indication, and to each special case, is still left somewhat vague and uncertain. In a clinical lecture you can only anticipate a discussion of the pathology and therapeutics of the subject, and from the opportunities that I have had to study it practically, both in hospital and private practice, I shall aim to give you, not a recapitulation of what you can read better in the authorities I have before mentioned, but to supply, however imperfectly, a want of definite principle and rule for practice, which I am sure has often been felt.

Causes of Mammitis.—Lactation is by far the most frequent of the predisposing causes. Thus, of Mr. Nunn's seventy-two cases, fifty-eight occurred during lactation, seven during pregnancy, and seven in women neither pregnant nor lactating. Of the fifty-eight lactating cases fifty-seven per cent. occurred during the first two months of lactation; during the subsequent seven months, only fourteen per cent.; but after the ninth month, twenty-nine per cent. You thus see that over-lactation is also a predisposing cause. *Epidemic influence* should also be mentioned as a predisposing cause, just as some years we see an epidemic tendency to boils and carbuncles. This was particularly manifest in the fall and winter of 1859-60, in this city; and, as I learn from the statements of physicians, it was equally so in other parts of the State, and in New England. When I came on duty in this hospital, in October, 1859, there were fourteen cases of mammary abscess in the wards. During my service there were sixteen additional cases, while three-fourths of all confined here exhibited more or less tendency to inflammation of the breasts. During my service this winter I have had the opportunity of showing you but two cases, and those I found here, when my service began. I am not aware that any author has mentioned epidemic influence as a predisposing cause, but you see from the facts that I have just mentioned that it really is so. If you look at Velpeau's cases you will see that he had twenty-four in 1837, and but four in 1839. The principal exciting causes are:—Exposure to cold; moving the arms too much, while the breasts are large and distended; repressing the secretion of milk at an early period; obstructed lacteal ducts; bruises, and other external injuries; and emotional—as mental disturbances, fright, etc. The influence of the latter, although frequently overlooked, has been particularly noticed by many authors, and is another illustration of the great importance to the physician, of a thorough appreciation of what is called the morale of his patients.

Pathology.—Inflammation of the breasts may occur in three situations: first, in the subcutaneous areolar tissue; second, in the gland itself; and third, in the areolar tissue between the gland and the thoracic walls; and as this inflammation frequently, some authors say generally, goes on to suppuration, we have three kinds of mammary abscess, viz., the *subcutaneous*, the *glandular*, and the *subglandular*. Different terms have been used by authors to describe these forms of abscess, but those I have used seem to me the most simple and significant. The inflammation is described by Sir Astley Cooper, and no one since has given a better

description, as adhesive in the first stage, suppurative in the second, and ulcerative in the third. In fact, the same laws govern inflammation of these tissues of the breasts as govern inflammation of the same tissues in other parts of the system, modified only by certain peculiarities of anatomical arrangement of structure. In the first stage these laws are precisely the same. In the suppurative stage they are the same, when the inflammation is confined to the subcutaneous areolar tissue: it is a simple phlegmonous inflammation, differing in no way from abscesses of this kind in other situations, except that it is always distinctly circumscribed. The third stage of this form of mammary abscess is also like the same stage in other phlegmonous abscesses, as it opens by ulcerating the tissues from the interior to the exterior; unless for the purpose of curing it more speedily an artificial opening be made by means of the lancet or bistoury.

In the glandular variety one lobule after another may become inflamed, so that a succession of abscesses form in different parts of the gland. In the subglandular, the pus usually at first finds an exit at the lower and outer side of the gland, but generally it also appears later at other points of the circumference. The apertures through which the pus discharges itself frequently degenerate into fistulous canals, which are often very difficult to cure. Here we have some of the modifications due to peculiarity of arrangement of the anatomical structure. If you look over the published reports of the cases by the authors that I have before mentioned, you will find very many in which the succession of abscesses and number of apertures for the discharge of pus counts up to ten, twenty, thirty, and in one of Velpeau's cases, even to forty-five in the same breast. You can readily conceive how such a train of events will wear out the system, and break down both body and mind. But these are not all of the conditions which may contribute to such a result. The ulcerative process is generally gradual and of a normal kind, that is, preceded by a fibrinous exudation, which protects the adjacent tissues; but not unfrequently in the glandular, and especially the subglandular forms, there is a destructive disorganization of texture, resulting in more or less extensive sloughs. The percentage of such cases is by no means small. The extent of the slough is of course proportionate to the destruction of tissue. In one of the cases reported by Dr. Foster the slough is described as being as large as a hen's egg. But this is not all, the destructive ulcerative process may involve the bloodvessels of the part where the abscess is situated, and dangerous and even fatal hæmorrhages may result. Prof. Miller, of Edinburgh, in his *Principles of Surgery*, refers to thirteen such cases which have been published in different medical periodicals, and he asserts that there are others. You see that I have been compelled in the discussion of this subject to encroach somewhat upon the chair of the *Principles of Surgery*, but it was necessary, in order that you should fully understand it, and perhaps, also, for your future protection from ignorance or malice; for it may happen to you, as has happened to others, destructive ulceration having followed milk abscess to such an extent as to produce repeated and protracted hæmorrhage, that you should be accused of cutting an artery in opening an abscess, and hence be held responsible for the recurrent hæmorrhages, which persist for weeks in consequence of the continued ulcerative process, in spite of the most judicious and best directed local and constitutional means to arrest the process. While our profession, as a whole, is characterized by high-toned principle, there are some few, very few I believe, dishonorable men in it who are capable of any meanness.

Diagnosis.—While it is of great importance, with reference to the prognosis and treatment, that an accurate diagnosis should be made as to the form of mammitis that we have to encounter, it must not be forgotten that any two or all three varieties may be met with, or one variety may be primitive, and one or both of the others may be secondary. Subcutaneous mammitis presents only the ordinary signs of phlegmonous inflammation of the areolar

tissue, which it is unnecessary for me to describe; for I must assume, in a clinical lecture, that you are familiar with the principles of general pathology. If suppuration has taken place, where the abscess points the tegumentary covering has become thin and of a bluish or a livid color. To detect fluctuation, with one hand press the breast against the chest, while with the fingers of the other you palpate the projecting tumor. If there has been circumscribed tumefaction, redness of the surface, a thinning of the skin, and other signs of local inflammation gradually developing for some days, it will hardly be possible for one of ordinary intelligence and acquirement to make a mistake as to the case he has to treat. In this form of inflammation, where appropriate treatment is resorted to, it rarely happens that we have more than one abscess. The constitutional symptoms attending glandular inflammation are much more marked; there is much more febrile reaction, the local pain is much more intense. During the inflammatory stage there is a nodulated induration, varying in size according to the extent of gland involved, called by nurses a lump in the breast; and the function of lactation is painful, imperfect, and often entirely suspended, so far as the breast involved is concerned. It is the form of mammitis which succeeds lacteal obstruction, or engorgement, when this exists. The abscesses resulting are frequently multiplied, particularly if the gland be irritated by a continued effort to keep up lactation. Velpeau says that he has seen in the course of two or three months, twenty, twenty-five, thirty-three, forty-six, and in one case fifty-two abscesses in the same breast. He regards this form of abscess as much more frequent than either of the others. Suppuration takes place much more slowly than in the other forms where the seat of the inflammation is the areolar tissue, two, three, or four weeks passing before pus is formed, during which the breast is engorged either partially or completely, and is the seat of profound lancinating pains. The subglandular inflammation usually occupies the whole of the areolar tissue at the base of the breast. The surface of the breast is not usually sensitive to the touch or painful, but there is a deep-seated pain, greatly increased by pressure on the whole organ. When suppuration has taken place the breast presents a smooth even surface, without lumps, but is often greatly enlarged, sometimes enormously so, with a feeling of great weight and distension, irregular chills and partial perspirations. If both the areolar and glandular tissues are inflamed, or one is developed as secondary to the other, there will, of course, be found more or less of the signs characteristic of each combined.

THE WISCONSIN STATE HOSPITAL FOR THE INSANE.—This institution was opened in July, 1860. It is situated in Madison, Dane Co., and is under the care of Dr. J. P. Clement as Medical Superintendent, and Dr. John W. Sawyer as Assistant Physician. From Dr. Clement's second Annual Report, we learn that since the opening of the hospital there have been admitted 145 patients—72 males and 73 females. Discharged, 42—21 males and 21 females. There now remain 103—51 males and 52 females. Of those discharged, 16 were recovered, 7 improved, 8 unimproved, and 11 died. The total amount of current expenses for the past year was \$20,640.76. The Trustees call for an appropriation of over \$40,000 for the present year—of which \$3,500 will be needed to replace the boilers now in the new hospital, which have proved unsuitable for the place, and a source of great annoyance. It is stated that to run the machinery with these boilers there will be required, when another wing of the building, now being erected, is completed, 1000 cords of wood per annum. When this building is finished, which will be during the coming summer, the hospital will accommodate more than 200 patients.—*Bost. Med. Jour.*

DR. FELIX ROUBAUD, Inspector of Waters at Pougues, and formerly journalist, is about to marry, say the French journals, the young widow Countess de Montureux.

Original Communications.

THE

CLIMATE OF THE STATE OF MINNESOTA,

AND ITS ADAPTATION TO PERSONS SUFFERING FROM PHTHISIS PULMONALIS.

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PERHAPS there is no question of more vital importance to the welfare of the community at large, which the medical profession are so frequently called upon to decide, and which they feel so little qualified satisfactorily to determine, as that of the adaptation of certain latitudes or climates to peculiar morbid conditions of the human system. From the days of Hippocrates to the present the modifying agency of climate upon the tubercular diathesis has been recognised by the medical profession. To gain some adequate conception of its importance, we need but contemplate the increasing and universal prevalence of tubercular disease, which in some portion of our land, especially in the New England and seaboard States, causes nearly twenty-four per cent., or one-fourth of their entire mortality.* So universal is the prevalence of this disease that scarcely a family circle exists which has not been invaded by this fell destroyer, and in numerous instances whole families have fallen before the relentless progress of this fatal malady.

That the influence of climate is more efficacious in modifying and controlling this than most other diseases, the practice so much in vogue of sending patients suffering from phthisis pulmonalis from one latitude to another, generally from a colder to a warmer climate, sufficiently attests. On the Continent of Europe, the south of France, Italy, Greece, also Egypt, in the valley of the Nile, the Isle of Madeira, have been famous places of resort in which the languishing consumptive has taken a winter residence with varying degrees of benefit. Nearer home the mild climate of the West India Islands, and in our own country the genial salubrity of Florida, the pine forests of Georgia, offered inviting places of resort to phthisical patients who were anxious to escape the inclemency of our northern winters. More recently, as the tide of emigration and civilization has extended westward into the central portion of our continent, and to the Pacific shores, other climates have been brought to our notice, which demand at least the attention and patient investigation of the medical profession. Such are the climates of western Texas, New Mexico, the Pacific slopes of lower California, the upper Mississippi Valley, and a large area of country extending westward between it and the Rocky Mountains.

It is no part of my present purpose to enter into a discussion of the comparative merits of any of the above-named climates as a place of residence for tuberculous patients. It is the object of this communication, after giving the climatology of this region, and contrasting it with other portions of the country, merely to place upon record such observations as a winter's residence in the upper valley of the Mississippi enabled me to make, that may serve in some measure as a guide to the medical profession in determining more accurately with regard to its appropriateness as a place of residence for patients suffering from tuberculous disease.

Especially is it important in the present distracted state of our country, since the moral insanity of our southern

brethren has deprived the invalid portion of the community of their usual places of winter resort, for the medical practitioner to know with some degree of precision if the wonderful changes reported to have been wrought in tuberculous constitutions by a residence in the climate of Minnesota are entirely groundless. The loss of a brother by phthisis pulmonalis, who had passed one winter in the valley of the Nile, and another in Florida, without permanent benefit, and the unequivocal evidence of the development of tubercles in my own person, compelling me to retire from a somewhat laborious practice, have brought the subject to my own mind with peculiar force.

The leading characteristics which distinguish the climate of Minnesota from that of our New England and Atlantic States are its wet and dry seasons, its remoteness from oceanic influences, its uniformly high position, occupying as it does the elevated plateau of the North American continent. Its altitude at Fort Snelling, five miles above St. Paul, lat. 44° 53', is 820 feet; at Fort Ridgley, some distance southwest of this point, lat. 44° 15', it is 1100 feet, and at Fort Ripley, northwest, lat. 46° 19', it is 1130 feet, above the level of the sea.

The arctic declivity commences about its northern boundary, as is evident from the northerly direction of rivers having their origin there, and in the southern boundary of the British possessions. The head waters of our great northern chain of lakes, having their origin on its north-eastern boundary, find an outlet through the channel of the St. Lawrence River, which takes a north-easterly course, pouring its ceaseless torrent into the Atlantic Ocean. The Red River of the North, having its source in the northern border of this State, takes a course nearly due north, and empties into Hudson Bay.

Not far remote from the origin of the Red River rise the numerous rivulets whose confluence forms the Mighty Father of Waters, which taking a southerly direction rolls onward in silent majesty until, having traversed a territory of three thousand miles in extent, it loses itself at length in the Gulf of Mexico. From the foregoing circumstances the term Water Shed of the Continent has been not inappropriately applied to this country.

The surface of the country is gently undulating, and beautifully diversified with forest islands, and dotted with lakes of pure water, which swarm with fish of a superior quality. The soil is composed of a dark, sandy loam, and is warm, fertile, and productive, and free from the malarial exhalations which are usually rife in new countries, and act so potentially in undermining enfeebled constitutions.

We have remarked that one of the leading characteristics of the climate of Minnesota is its wet and dry seasons, being in this particular an inversion of the climate of California—the dry season in Minnesota corresponding to the wet season in California, and *vice versa*.

Reversing the usual order of arrangement we shall place the statistics of precipitation before those of temperature, and for convenience sake, while speaking of this subject, shall divide the year into two seasons. What may be termed the wet season usually commences about the first of April, and continues six months. The records of mean annual precipitation, as kept at Fort Snelling, five miles above St. Paul, extend over a period of nineteen years, and correctly represent the amount of precipitation for this place, and its vicinity. The table annexed shows the monthly mean for the six months of wet season at St. Paul, and also the same for the corresponding months at New York.

At St. Paul.	At Ft. Columbus, N. Y. city.
April.... 2.14 inches.	April.... 2.83 inches.
May.... 3.17 "	May.... 4.78 "
June.... 2.63 "	June.... 3.46 "
July.... 4.11 "	July.... 3.17 "
Aug.... 3.18 "	Aug.... 4.70 "
Sept.... 3.32 "	Sept.... 3.31 "

19.45 "

23.75 "

Excess of precipitation at New York..... 3.30 inches.

* See Blodget's Climatological Distribution of Pulmonary Disease, page 471.

In New Hampshire 21 per cent. of the mortality is from phthisis; in Massachusetts, 23 per cent.; in Vermont, 24 per cent.; in Maine, 23 per cent.

The following table shows the mean precipitation for the six months of dry season, commencing with October, and the same for the corresponding months at New York.

At Ft. Snelling, 19 years.	At New York, 19 years.
Oct. 1.85 inches.	Oct. 8.40 inches.
Nov. 1.81 "	Nov. 8.59 "
Dec. 0.67 "	Dec. 8.93 "
Jan. 0.78 "	Jan. 9.78 "
Feb. 0.59 "	Feb. 2.92 "
March. 1.80 "	March. 8.44 "
5.68 "	30.06 "

We notice here a mean for the six months of dry season in Minnesota a fraction less than one inch per month.

Excess at New York for the same time ... 14.18 inches.
Excess for the year at New York 17.48 "

When we compare the annual mean amount of precipitation here, with that of the New England and Atlantic States, the contrast is striking. The following table is so arranged as to show the mean, maximum, and minimum of precipitation for a series of years at a considerable number of places in our Atlantic and inland States.

	Years.	Maximum in Inches.	Mean in Inches.	Minimum in Inches.
St. Paul.....	19	49.69	25.43	15.07
Houlton, Me.....	9	41.91	36.97	30.80
Burlington, Vt.....	20	—	31.11	—
Hanover (Dart. Col.) N. H.....	18	—	41.00	—
Cambridge Obs., Mass.....	14	54.18	44.48	34.74
Providence, R. I.....	24	58.27	40.06	29.51
Ft. Columbus, N. Y. harbor	19	65.51	42.18	29.30
Newark, N. J.....	17	—	44.51	—
Baltimore.....	19	51.70	40.98	28.39
Philadelphia.....	19	54.85	42.84	35.00
Norfolk, Va.....	19	74.16	45.18	19.32
Charleston, S. C.....	12	65.81	48.29	38.98
St. Augustine, Florida.....	8	—	31.80	—
Ft. Brooke, Florida.....	16	89.86	55.47	44.77
Augusta, Ga.....	4	—	40.78	—
Huntsville, Ala.....	9	67.66	54.88	29.07
New Orleans.....	17	62.64	52.81	39.96
Albany, N. Y.....	28	50.97	40.67	31.79
Rochester, N. Y.....	20	39.00	30.44	17.34
Detroit, Mich.....	18	33.49	30.07	21.51
Cincinnati.....	20	65.18	46.69	30.62
St. Louis, Mo.....	19	65.86	41.95	30.69
Brownsville, Texas.....	6	58.80	35.17	20.76
San Antonio, Texas.....	8	—	38.77	—
Milwaukee, Wisc.....	7	—	27.20	—
Muscatine, Iowa.....	10	—	44.88	—
Athens, Ill.....	10	—	41.80	—

That comparative absence of moisture is one of the distinguishing characteristics of the climate of Minnesota the foregoing statistics conclusively demonstrate; and this comparison not only holds good with reference to the Atlantic but applies to most of our inland States.

TEMPERATURE.

The mean temperature of the climate of Minnesota is a number of degrees warmer than in corresponding latitudes in our Atlantic and New England States.

This remarkable increase of temperature, as we approach the central portion of this continent, constitutes one of its striking peculiarities. The following table is so arranged as to show the mean of temperature for the different seasons and year at St. Paul and other points on the same parallel of latitude.

	Lat.	Spring	Sum.	Aut.	Wint.	Year.	No. of years.
St. Paul.....	44 58	45.6	70.6	45.9	16.1	44.6	85½
Green Bay, Wisc.....	44 30	48.5	68.5	48.0	19.9	44.5	21
Pensacola, Fla.....	44 48	89.2	68.0	45.3	21.7	43.5	1
Putnam, St. Lawrence Co., N. Y.....	44 40	49.9	66.8	45.4	19.8	43.6	21
Burlington, Vt.....	44 29	49.7	67.9	47.8	21.6	45.0	21
Ft. Sullivan, Eastport, Me.....	44 54	40.2	60.5	47.5	23.9	43.0	25
Castine, Me.....	44 28	40.7	62.0	48.3	23.2	43.4	40

The foregoing statistics demonstrate the fact that at St. Paul the annual mean temperature is one or two degrees higher than at other points situated on the same parallel in the Middle and Eastern States; also, that its spring mean is

from two to six, and its summer from two to eight degrees higher than that of other points situated on the same parallel. Its autumnal mean averages about the same, and its winter mean is from three to seven degrees.

The arrangement of the following table designates points having the same yearly mean of temperature as St. Paul, but situated in a lower latitude, and also in a striking manner shows the mean distribution of heat for the various seasons of the year.

	Lat.	Spring	Sum.	Aut.	Wint.	Year.	No. of years.
St. Paul.....	44 58	45.6	70.6	45.9	16.1	44.6	85½
Kenosha, Wisc.....	42 35	40.1	65.8	47.6	26.7	44.9	8
Ft. Winnebago, Wisc.....	43 31	45.5	67.9	46.0	19.8	44.8	16
Toronto, Canada.....	43 29	41.1	64.8	46.6	24.5	44.8	16
Cherry Valley, N. Y.....	42 48	42.6	65.4	46.0	38.0	44.2	15
Williamstown, Mass.....	42 48	41.5	66.4	48.2	22.9	44.8	4
Princeton, Mass.....	42 23	40.7	65.8	48.3	21.6	44.1	2
Fayetteville, Vt.....	42 58	42.8	66.1	46.4	20.9	44.1	6
Concord, N. H.....	42 18	42.6	65.4	47.3	23.7	44.5	10
Hanover, Dart. Col., N. H.....	42 48	38.1	62.8	48.1	16.1	40.0	3
Portland, Me.....	43 39	42.8	65.2	49.1	24.7	45.2	23

The above statistics show the annual mean temperature of the climate of St. Paul to be the same as that of the Middle and New England States two degrees further south, and that its spring mean is from two to seven, and its summer from three to seven degrees higher than that of those States two degrees further south. Its autumnal mean averages nearly the same, and its winter range is from three to seven degrees lower. This subject is most forcibly illustrated by a reference to the isotherms of the Continent. The following table gives a familiar and forcible illustration of the climate of Minnesota, designating places which have the same mean temperature for the respective seasons of the year.

SPRING.	No. of Years.	SUMMER.	No. of Years.
Mean Temperature, 45°-6.		Mean Temperature, 70°-8.	
St. Paul.....	85½	St. Paul.....	85½
Boston, Mass.....	20	Lowell, Mass.....	7
Springfield, Mass.....	2	Trenton, N. J.....	5
Worcester, Mass.....	7	Middletown, N. Y.....	8
Kinderhook, N. Y.....	17	Flatbush, L. I., N. Y.....	24
Utica, N. Y.....	9	Newburg, N. Y.....	18
Cooperstown, N. Y.....	16	Philadelphia, Penn.....	10
Onondaga, N. Y.....	16	Mifflintown, Penn.....	16
Lewiston, N. Y.....	18	Warren, Penn.....	1½
Detroit, Mich.....	18	Hudson, Ohio.....	7
Ann Arbor, Mich.....	8	Obertin, Ohio.....	5
Battle Creek, Mich.....	5½	Chicago, Ill.....	5
Chicago, Ill.....	5	Beloit, Wisc.....	6
Beloit, Wisc.....	6	Portage City, Wisc.....	16
Portage City, Wisc.....	16	Pamblina, M.T., Lat. 49° 7'.....	12

AUTUMN.	No. of Years.	WINTER.	No. of Years.
Mean Temperature, 45°-9.		Mean Temperature, 16°-1.	
St. Paul.....	85½	St. Paul.....	85½
Portland, Me.....	21	Houlton, Me.....	17
Burlington, Vt.....	6	Hanover, N. H.....	8
Montreal, Canada.....	1	Williamstown, Vt.....	13
Lake Simcoe, Canada W.....	15	Montreal, Canada.....	15
Lowville, Lewis Co., N. Y.....	11	Sault St. Marie.....	81*
Plattsburg, N. Y.....	19		
Fairfield Academy, N. Y.....	15		
Cherry Valley, N. Y.....	2½		
Ebensburg, Penn.....	8		
Smithport, Penn.....	21		
Green Bay, Wisc.....	21		
Manitowoc, Wisc.....	1		
Baraboo, Wisc.....			

The Isothermal lines of mean temperature for the season and year, as laid down by Lorin Blodget, Esq.,† indicate for Minnesota, in the vicinity of St. Paul, a mean spring temperature, corresponding to that of central and southern Wisconsin, northern Illinois and Indiana, southern Michigan, central and southern New York, northern Connecticut, and central Massachusetts. A summer mean corresponding

* See Nell's History of Minnesota. † See Blodget's Isothermal Charts.

with that of southern Wisconsin, northern Illinois and Indiana, southern Michigan, northern Ohio, central and southern Pennsylvania, and southern New York. Its autumnal mean with that of northern Wisconsin, central Michigan, northern New York, southern New Hampshire, Vermont, and Maine. Its winter, with northern Wisconsin and New York, central New Hampshire, Vermont, and southern Maine.

Those who have not attentively studied the isotherms of the Continent will be surprised to learn the extremes of latitude which they traverse. The lines indicating the mean temperature of 45° for spring, and 70° for summer, commence on the Atlantic coast, the former on the 43d, and the latter on the 40° parallel. They gradually incline to the north as we trace their course westward, until having passed the great lakes they turn abruptly to the north west, crossing the 45° at St. Paul, and reach their highest point on the 51st parallel in the British possessions; then, curving around, descend east of the Rocky Mountains, including in their circuit a vast area of country lying between them and the upper Mississippi valley, which has the same climatological features.

Referring to the isothermal charts which he had laid down, Mr. Blodget remarks, "It will be seen that the thermal lines for each season are thrown northward further, on passing Lake Superior westward, in the charts of this work than in those of the Military Report prepared by the author. At the time those were drawn the number of observations beyond the limits of the United States was so small that the full expression was not given to the statistics then used, in the fear that some correction would ultimately be found to apply to them, reducing the extreme northward curvatures they indicated. But a further collection and comparison warrants the position now given to the thermal lines, placing them further northward than before, and extending them in a course due northwest from Lake Superior to the 58th parallel. For the extreme seasons, Winter and Summer, this accurate diagonal extension of the thermal lines across the areas of latitude and longitude is very striking." How imperfect a criterion parallel lines form, by which to judge of the climate of a continent, is here manifest.

(To be Continued.)

REPORTS ON SOME RECENT IMPROVEMENTS IN MATERIA MEDICA AND THERAPEUTICS.

By EDWARD H. JANES, M.D.,

OF NEW YORK.

II.

ANARCOTINE AS AN ANTIPERIODIC.

THE prospect of an ultimate failure in the supply of quinine, or even the increasing expense attending its employment, is sufficient to induce the profession to hail with pleasure the introduction of any new remedy that may serve, in some degree, as a substitute for this world-renowned specific for intermittents of every grade and type. A number of remedial agents have already been added to the list of antiperiodics, each having its advocate by whom its claims are presented to the profession with the utmost confidence, and in the most favorable light. The employment of anarcotine as an antiperiodic is not altogether new. We learn from our standard works on materia medica that Dr. Roots, of England, was induced, by the bitterness of its salts, to employ it in intermittent fever, and that Dr. O'Shaughnessy, of Calcutta, obtained the happiest results from its use, considering its antiperiodic powers superior even to that of quinine. He gave it in doses of three grains three times a day, and never found it to produce narcotic effects, headache, nausea, or constipation, but to act powerfully as a diaphoretic. He gave it "with the full expectation of arresting the next periodic return of fever." The testimony of these two gentlemen seems to have attracted but little attention among

the profession, yet recent experiments have shown that the article possesses sufficient therapeutic value to entitle it to more confidence than it has hitherto received. *The Indian Annals of Medical Science*, for September, contains an elaborate report of Dr. A. Garden, of Ghazepore, addressed to the Deputy Inspector General of Hospitals, giving the results of six hundred and eighty-four cases of intermittent fever treated by this remedy, and tabulating them in various forms, so as to represent the severity of the cases treated, the duration of treatment, the amount of anarcotine used, economy of the drug, and various other points of interest. Before examining the details of this report a few words concerning what is already known of the natural history and properties of anarcotine would not be out of place. Anarcotine has been usually known by the name of narcotine, from the erroneous impression that it represented the narcotic principle of opium; though in truth when pure it contains no narcotic properties whatever; and hence it has been proposed to spell it with the prefix *a*, in order to correctly designate its real character. It is known as one of the crystalline constituents of opium, "obtained by extracting the aqueous extract with ether, which upon evaporation leaves it nearly pure." It is described as consisting of white, silky, flexible, acicular crystals, without taste or smell, insoluble in cold water and alkaline solutions, slightly soluble in boiling water and cold alcohol, more readily soluble in hot alcohol, ether, and the diluted acids, also in the volatile and fixed oils. With dilute mineral acids it combines to form salts of a bitter taste, in one of which it is administered generally in the form of a sulphate. Chemistry has given us four homologous varieties of this alkaloid, viz. the normal, the methylic, the ethylic, and the propylic anarcotine. Each of these has a different chemical formula, and when treated with caustic potash they yield respectively ammonia, methylamine, ethylamine, and propylamine. This, however, is a matter of more scientific curiosity than of therapeutical importance. Anarcotine, when administered in doses of gr. ss. to gr. i., acts as a tonic, increasing the appetite, and giving general tone to the system; by larger doses the action of the heart is increased, the pulsations become more frequent and fuller; and in still larger doses (gr. v. to gr. x.), it produces increased warmth of surface and diaphoresis. Nausea, giddiness, and sometimes vomiting have followed the administration of large doses, while some claim to have given it in doses of twenty, thirty, and even sixty grains, with entire impunity. This discrepancy may arise, perhaps, from the use of an impure preparation, or from the general state of the patient's health contra-indicating its employment.

The value of this article as an antiperiodic is what now claims our more immediate attention, and a brief abstract of Dr. Garden's report will enable us to judge, as far as the testimony of others is concerned, with some degree of intelligence in reference to this part of the subject. Dr. G. commenced the use of anarcotine during the prevalence of what he calls "a most severe, and fatal epidemic of fever," and during the months of October, November, and December, 1859, and January, 1860, he administered it to 525 patients, among which nine deaths occurred. In order to thoroughly test the value of the drug accurate notes were kept of 194 cases of quotidian and tertian intermittents, and these he has arranged in tables of different forms, from the examination of which we learn that in 154 quotidians the remedy failed in four, and in forty tertians it failed to cure in three cases, making the percentage of failures 3.6, or one in 27.71 in which the continuance of the symptoms after a fair trial made it necessary to change the treatment, from which he concludes that in this view the remedy is fully equal to quinine. Of the 150 quotidians cured the treatment did not commence till after the occurrence of the fourth paroxysm; and in tertians not till after the third or fourth. In the former the fever returned on an average 2.48, and in the latter 2.54 times after the first administration of anarcotine; though in nearly one-fourth of all the cases the first dose checked the fever so that it never

returned, and in nearly two-thirds of the cases treated the fever was cured after the return of the second paroxysm. These facts are considered sufficient, at least, to entitle anarcotine to rank after quinine as an antiperiodic. In an economical point of view the author's figures are plain and conclusive. In quotidian the average amount required in all cases, including the amount given on the first day on which the paroxysm did not return, was not quite one scruple; which, together with the amount taken during convalescence, made an average of a little over thirty-five grains a case. The average amount required in tertians was greater, being 57.8 grains. In all the cases of both types the average amount required to effect a cure was 22.7 grains, and that taken during convalescence was 16.3 grains, or in all thirty-nine grains per case. In order to fully appreciate this part of the subject, it must be remembered that these notes were taken during the prevalence of a severe epidemic, in which many cases proved rapidly fatal when not treated, and all were more than ordinarily difficult to cure, and especially prone to relapse, making it absolutely necessary to continue the use of the medicine for some days after the cessation of the fever. It is not presumed that anarcotine is of equal value to quinine; but a remedy that fails in only 3.6 per cent. of all cases treated, and cuts short the fever before the occurrence of the third paroxysm, deserves at least the second place in the ranks of anti-periodics. Occasionally disagreeable symptoms were caused by large doses, such as nausea, giddiness, and vomiting. These for the most part were obviated by diminishing the dose, while the frequency of administration was increased. Of its value in the treatment of remittent fever Dr. G. has kept no records of his experience, but his general feeling is not so much in its favor. The doses used during this epidemic were as a tonic, gr. ss. combined with a small excess of sulphuric acid; and as an antiperiodic, grs. iss. to gr. iij. The tendency of the remedy to constipate the bowels made it necessary to commence the treatment with the administration of a cathartic, and the occasional use of some mild laxative. Such is the testimony of one whose large experience and careful observation eminently fit him to speak with intelligence on the subject, and which strongly supports the opinion formed by Dr. O'Shaughnessy and other medical officers many years ago.

AMAUROSIS BY INJURY OF THE SUPRA-ORBITAL NERVE.

By HENRY D. NOYES, M.D.

It has long been observed that blows upon the supra-orbital region sometimes cause blindness. The special lesion has in certain cases been asserted to be simply contusion of the supra-orbital branch of the trigeminal nerve. On the contrary some pathologists declare the blindness must result from lesion within the eye.

Mackenzie discusses this point at some length, page 150, quoting from Beer, Morgagni, and others. He admits the possibility of the agency of the supra-orbital nerve, and offers the hypothesis that an irritation communicated to the brain by the injured nerve causes a "reflex disease, probably inflammatory, to be propagated to the optic nerve, and to other nerves, concerned in the function of vision." Other authors, whom it would be tedious to quote, invoke concussion or apoplexy of the brain, concussion of the retina, hæmorrhage within the eye, etc., as the explanation of the loss of sight.

Mr. Haynes Walton, in the second edition of his book, the "Surgical Diseases of the Eye," at page 34, goes into this subject. He had occasion to investigate the matter carefully, because called to testify in court in a claim for damages for a slight wound of the eyelids. The question of amaurosis depending immediately or ultimately upon injury of the nerve was raised by the plaintiff's counsel. Mr. Walton testified that in his opinion "mere injury of the nerve-branch on the head can have no effect on the func-

tion of the retina; that loss of sight, when associated with such lesion, is due to coincident injury of the eyeball." He also presents cases which he observed, where after such injuries blindness followed without external evidence in the eye to account for it, but in which by the ophthalmoscope he discovered detachment of the retina by hæmorrhage beneath it, also evidences of iritis, disorganization of the vitreous humor, choroidal atrophy, etc.

This subject was singled out for comment in a recent review of Mr. Walton's excellent treatise, and I have a case to record which bears directly upon the question at issue: viz. whether contusion of the supra-orbital nerve is competent to cause blindness without coincident injury of the eyeball, and without the intervention of inflammatory processes.

Dr. J. R., æt. about 48, five years ago was living and practising medicine in Central America. He had an attack of erysipelas of the face, during which he became delirious. At a time when unguarded and in delirium he rose from bed, and in moving about the room accidentally struck his forehead against the wall. The shock and pain startled him, and made him conscious of having received a blow. The next day he felt pain and swelling in the integument about the right eyebrow, and he remembered the accident of the previous day. This shows that the delirium was not profound. Under the effects of erysipelas his eyelids were closed, but when they could be opened he found his right eye totally blind. The interval elapsing from the injury to the discovery of blindness I have not recorded. I infer from the doctor's manner of statement that it was not many days, at the outside not more than two weeks.

The eye presented no outward marks of impairment; there were no evidences of inflammation; the pupil continued active; there were no muscæ, no phosphenes; there was no perception of light. The skin of the forehead and scalp, to which the right supra-orbital nerve is distributed, remained partially insensible for three years. For a year and a half past it has recovered normal sensation.

The doctor kindly allowed me to make a careful inspection of his eye with the ophthalmoscope. Before instilling a solution of atropine I noted the pupil to be a trifle larger than the opposite, not prompt in movement, but contractile, not perfectly circular; there is occasional divergent squint to a slight degree. By the most careful test I could obtain no evidence that this eye had the least perception of light. There remained no external marks of the injury in either scars of the skin, or irregularity of the orbital ridge. The movements of the globe were perfect, there were no unusual appearances in its external aspect. The pupil was dilated by atropine, and I carefully explored the interior of the eye with the ophthalmoscope. The media were perfectly transparent, no spots or striæ in the lens, no flocculi in the vitreous. The retina in situ, no abnormal appearances about the macula lutea. No transformations in the choroid; its tissue unimpaired by either atrophy or exudation. The optic nerve of a slight rosy tinge, without central excavation; with no diminution in size, there being no shrinking from it of the choroid. The branches of the arteria centralis not quite so large as usual, but the veins of a size corresponding to the calibre of the arteries; I scanned the nerve very critically, expecting to find in it the explanation of the blindness. I examined its surface by the upright image, the direct method, but could discern no evidences of atrophy, or other change of structure. I have seen not a few instances of atrophy of the optic nerve, and am familiar with the appearances they present, but between them and this I could establish no similarity.

Now what do the facts show, and what inferences can be drawn from them? There was a blow over the eyebrow, proved by the doctor's memory, and by the succeeding swelling. The supra-orbital nerve was injured, proved by the partial anæsthesia during three years afterwards. There was no violent inflammation in the eye, because the erysipelas abated soon enough to discover this fact.

Neither was there a hæmorrhage either into the vitreous humor or behind the retina; the proof against the former is that unless the clot occupied the whole vitreous it would not have caused total loss of perception of light, and had the blindness depended upon this, when the clot was absorbed, some sight would return. The same is true of apoplexies of the retina. Against hæmorrhage behind the retina the proof is, that after such a lesion the separation always persists in some degree, and can be discovered with the ophthalmoscope.

The loss of sight was not from subacute or chronic internal inflammation; such a process would not have caused the sudden and complete blindness, and it must have left traces in the vitreous humor, and in the choroid; moreover, all inflammatory symptoms were wanting; and they would have attracted the notice of an intelligent medical man.

Lastly there was no atrophy of the optic nerve—the signs of this state are briefly, extreme whiteness of its substance, diminution in size of the disc, shallow central excavation, excessive tenuity of the arteries with dilation of the veins, and often a ring of sclerotic surrounding the disc, made visible by the shrinking of the nerve. All these signs, which, if present, must have become strongly pronounced during five years, were wanting. The slight decrease in the size of the arteries was wholly unlike that in atrophy of the nerve.

Concussion of the retina remains. I do not see how this could have been confined to only one eye. Moreover, this condition, if it does occur, is regarded as usually of temporary duration, and followed by more or less complete recovery. The supposition of lesion of the brain by the accident, such as hæmorrhage or concussion, would seem to be negated by the blindness being upon only one eye, and by the absence of all corresponding symptoms, as convulsions, stupor, paralysis, or pain. The delirium present at the time was of a mild type, and that the injury did not impair the cerebral functions is shown by the lucid interval of the next day, when the fact of having been hurt was remembered.

Up to this point I have argued the case with negative results. As to positive conclusions I have none to offer. I do not profess to explain the chain of sequence, but this case seems to me to prove that there is a direct, although occult connexion, between injury of the supra-orbital nerve and the functions of the retina. By direct I do not mean that no other tissue may be implicated, but that it is not necessary to suppose intra-ocular lesion.

This result does not invariably follow. The nerve may be severed, pricked, and bruised, without affecting vision, yet in other cases the contrary will follow. This result is not analogous to the destruction of vision by division of the roots of the fifth pair of nerves, for that is by sloughing of the cornea from impaired nervous supply enfeebling the nutrition. This case occurring in a medical man permits greater reliance upon the history of symptoms, and the profession are indebted for his readiness to permit his case to be examined, and to be recorded for the benefit of science.

The loss of sight was the direct result of the blow—it was immediate—it was total. No cause appears to explain it, save the injury to the supra-orbital nerve. Yet how to connect these facts understandingly is certainly very difficult. It might be alleged that the lapse of five years from the injury to the ophthalmoscopic examination renders it impossible to reason conclusively upon the cause of the loss of sight. Such an assertion might be admitted if there had been recovery of vision, but, since the patient continues blind, the lesion which produced blindness so suddenly at first must still be in force, and if within the eye, should be discoverable, unless it be the microscopic elements of the retina which have suffered disorganization.

378 Fourth Avenue.

THE salaries of the Professors at the College de France, and at the Academy of Sciences, have been fixed at 7500 francs.

Reports of Hospitals.

NEW YORK HOSPITAL. INJURIES OF THE HEAD.

THEIR NATURE AND TREATMENT, WITH ILLUSTRATIVE CASES,
By D. B. ST. JOHN ROOSA, M.D., and JAMES L. LITTLE, M.D.,
Resident Surgeons.

(Continued from page 188.)

FRACTURE OF THE SKULL, FOLLOWED BY INFLAMMATION AND SUPPURATION WITHIN THE CRANIUM.

I.—MARY J. McCULLOCH, æt. 7, was admitted Sept. 14, 1861. (Dr. Markoe, attending surgeon.) This little girl, with her sister, was precipitated to the ground, by the giving away of an old shed on which they were playing, falling a distance of about twelve feet. On admission a contused scalp wound of a triangular shape was observed over the right parietal eminence; the bone was not exposed, and on a careful examination no fracture could be made out. The wound was dressed with cold water, and as soon as it began to granulate Peruvian balsam was applied, and the edges brought together with adhesive straps. Patient complained of no pain in her head, and was playing about the ward the day after the injury. On the fifteenth day the wound had almost entirely closed, and she was discharged apparently cured. About a week after her discharge she was again brought to the hospital. Her parents gave the following statement of her condition while at home:—The second day after her discharge she ate cakes, candy, and very heartily of meat, which resulted in the overloading of her stomach, and vomiting; she became very irritable and somewhat feverish at night, and on the third day had a chill, followed by profuse sweating: no medical attendance was sought for, and she gradually grew stupid, and on the sixth day had a severe convulsion followed by coma; she was then brought to the Hospital. On admission her symptoms were those of compression of the brain:—Coma, dilatation of both pupils, paralysis of left arm and leg; pulse 120, hard and irregular; urine and feces escaping involuntarily. One examination a puffy, semi-fluctuating tumor, about two inches in diameter, was found over the right parietal bone, and near the wound. The wound had almost entirely healed. A consultation being called, it was decided to make an incision through the tumor down to the bone. This was done, and a collection of pus was found under the pericranium, and a careful examination revealed a circular fissure, about an inch in diameter, without any depression, a little above the original wound. The surrounding bone was dark and dry in its appearance. A button of bone was removed by a small trephine from the outer edge of the fracture. As soon as the trephine was removed pus oozed up through the fissure made by the instrument. The removal of the piece of bone gave exit to about 3 iss. of very thick, fetid pus. The bone for some distance surrounding the fracture was very dry, and softer than natural. Enough bone was removed by the rongeur, to leave an opening about an inch and a half in diameter. The collection of matter seemed to be situated between the dura mater and skull, the brain substance not being exposed. The operation was followed by no alleviation of the symptoms, the patient surviving four hours. It is to be regretted that no post-mortem examination could be obtained of this case, the parents and the coroner refusing to grant one.

FRACTURE OF THE VAULT AND BASE OF SKULL; NO DEPRESSION.—CONSTANT RECURRENCE OF CHILLS.—DEATH ON FORTY-FIRST DAY.—AUTOPSY.

II.—Annie McCulloch, æt. 9 years, was admitted September 14, 1861 (Dr. Markoe, attending surgeon), having received her injuries at the same time, and in the same manner, as the foregoing case. On admission a semicircular scalp wound, of about two and a half inches in length, was found, situated over the vertex, the pericranium being uninjured. On careful examination no fracture could be

detected. She was suffering from the following symptoms:—Coma, pulse sixty, surface cool, pupils moderately contracted, respiration slow but regular, and vomiting. She was placed in bed, when heat was applied, and a stimulating injection given. Patient reacted promptly, and for the first eight days appeared to do pretty well. Cold water dressings were applied to the wound, milk diet given, and the bowels kept free. On the 8th, patient was somewhat worse, quite fretful, and for the few last nights quite restless, being disposed to cry out in her sleep; pulse 120 and small. On examination of her head some tumefaction appeared over the left temporal bone, about an inch below the wound. A free incision was made, allowing the escape of a small quantity of pus. A mercurial cathartic was ordered, and also a blister to the nape of the neck. On the tenth day the patient did not seem to be improving; her pulse 120, weak and irregular; pupil of right eye somewhat dilated, while the left was contracted; she had besides a severe spasm, followed by paralysis of the right arm. 12th day.—Patient had a chill, which lasted several minutes; this passed off and she fell into a sleep. The day following she had two chills. A swelling was then observed over the left parietal eminence; this was opened, allowing the escape of some pus; the bone exposed by this incision was observed to be dry and yellowish. From this time the patient had one or two chills every day, and what is remarkable the left cheek during the chill would be colder than the right, and during the febrile excitement following the chill the left cheek would be redder and warmer than the right. This was observed to occur during every paroxysm. Patient's intellect remained tolerably good; she recognised her friends; she was, however, very irritable, sleeping but little night or day. The wounds did not seem disposed to heal, having a dry and glazed appearance. These symptoms continued, patient at times appearing to be better; sometimes, after a chill, getting up out of bed and dressing herself, would walk about the ward, it being impossible to keep her in her bed without tying her down. Several times there would be an intermission of the chills for two or three days. No collections of matter were discovered, except a small abscess over the sacrum, which was opened, and gave no further trouble. She also complained at times of severe pains in her elbows, knees, and other joints; no tenderness, however, or distension of them was noticed. During this time her appetite was pretty good. In the fifth week severe bronchitis set in, and she died of chest symptoms on the 41st day after the injury.

Autopsy.—The coroner utterly refused a post-mortem examination in this case, but the father was finally persuaded to allow an examination of the head to be made. The examination revealed a fracture, beginning at the upper and central portion of the os frontis, running outwards and downwards to the petrous portion of the left temporal bone, without any depression. A small clot of blood, about the size of a ten-cent-piece, surrounded by pus, was found beneath the dura mater under the squamous portion of the left temporal bone, near the line of fracture. The brain substance was softened around this clot. No fluid found in the ventricles, and no signs of inflammation of the meninges were detected. The various joints of the body were punctured, and no evidences of purulent collection were found. It is to be regretted that a more thorough examination of the body was not permitted.

The most important features of this case may be summed up as follows:—1st. The paralysis of the upper extremity of the right side only; the dilatation of the pupil of the right eye, without any marked paralysis of the face or lower extremities. 2d. The constant recurrence of the chills, followed by fever, lasting from half an hour to one hour, having sometimes only one, and at others as many as seven during the day, and at no time was any sweating noticed after the fever. 3d. The chill and fever appearing more markedly on one side of the face than on the other. 4th. The great irritability: being fretful, peevish, and restless during the whole course of treatment.

Reports of Societies.

SURGICAL SECTION.

STATED MEETING, Jan. 24, 1892.

DR. JAMES R. WOOD, CHAIRMAN.

DISCUSSION OF DR. GEO. K. SMITH'S PAPER ON THE RELATION OF THE INSERTION OF THE CAPSULAR LIGAMENT OF THE HIP-JOINT TO INTRA-CAPSULAR FRACTURE.

(Continued from page 140.)

Dr. W. R. DONAGHE stated that he fully agreed with the first four propositions of Dr. Smith's paper, and was happy to have an opportunity of expressing his appreciation of the obligation under which he had placed us all by settling, after great and laborious research, points about which anatomists have so long differed. To the fifth and sixth propositions, however, he could not so fully subscribe. The fifth proposition was as follows:—"The line of union in a given specimen of fracture of the neck of the femur, cannot be said to indicate the exact position of the line of fracture, if the neck suffered loss by absorption before union occurred; since it is impossible to determine that the loss of structure was entirely at the expense of either fragment of the neck." In the negative of this, continued Dr. D., I would argue that a specimen (and the existence of such is undisputed) in which the neck has been entirely removed by absorption, and the head is closely united to the shaft, affords the strongest presumptive evidence, if not indeed positive proof, that the line of fracture was intra-capsular. In such a case the fracture must have been extra-capsular; partly within and partly without the capsule; or intra-capsular.

It could not have been extra-capsular; for, firstly, in the numerous cases of this variety that have been recorded with illustrations by Robt. W. Smith, the neck is exhibited as retaining nearly its full original length. This is what we should expect. Though the vessels are severed which pass into it from the continuous shaft, yet there still remain sufficient sources of blood-supply to maintain, in the great majority of cases, its integrity. The capsular ligament, commencing at the margin of the acetabulum, sweeps outwards to its insertion, from which irregular line some of its deeper fibres are reflected upon the neck as far as the edge of the articular face, forming a true periosteum to the neck, designated by Dr. R. W. Smith as its "cervical ligament." The synovial membrane lines the inner surface of the capsule, and is thence reflected upwards on the "cervical ligament" as far as the head of the bone. Thus the elements of nutrition are supplied to the neck, and it retains its form. Secondly, extra-capsular fracture is, according to Maligne and R. W. Smith, accompanied by fracture with displacement of one or both trochanters. If the specimen above quoted had been an extra-capsular fracture it should present evidences of the associated injury; but none are to be seen.

Could such a specimen have been the result of a fracture partly within and partly without the capsule? I cannot recall any cases in which this special variety has been carefully described from post-mortem examination. Its existence seems to have been assumed as an anatomical possibility rather than proved by either symptoms or autopsy. In such a fracture we may assume that a large part of the neck would remain connected with the head of the bone, and that the conditions of nutrition of that fragment would be analogous to those of the neck in the extra-capsular form of fracture. The line of fracture (to bring it into the class partly within and partly without the capsule) must cross the posterior aspect of the neck outside of the insertion into that face of the normal capsule (which insertion is usually midway of its length). The synovial membrane, guided by the still attached posterior insertion of the capsule, covers the fragment of the cervix connected with the head of the bone. This fragment is also covered by the "cervical ligament" which is continuous with the gene-

ral capsule along the line of its posterior insertion into the neck. By these two structures the nutritive wants of this fragment are supplied, and it is placed beyond the probabilities of absorption. It must also be remembered, in this connexion, that the absorbing powers of the head are feeble. The best histologists, Bowman, Kölliker, and Morel, have never been able to detect lymphatics in bone. *We have then no right to claim their aid. We are shut up to the veins as the only known absorbent agents in bone.* Could that small solitary vein that runs back in the ligamentum teres cause the disappearance of nearly an entire femoral neck? I would not deny it some absorbing power. It is well known that in intra-capsular fractures that small portion of broken neck which remains attached to the head often disappears up to the level of the margin of the acetabulum, and, in very rare instances, the entire head has disappeared; but in these cases the synovial membrane covering the portion thus absorbed was cut off, by the direction and completeness of the fracture, from continuity with the distal part of that membrane, which alone could supply its vessels. Hence, it added nothing to nutrition. In this fracture, partly extra-capsular, the reverse is true. To quote Dr. Geo. K. Smith's words, "absorption is held in check by the antagonistic force of an abundant nutrition." But Dr. Smith argues that "there are lymphatic vessels in the synovial membrane covering the ligamentum teres, which may become active agents of absorption." It is true that the ligamentum teres is covered by a reflection of the synovial membrane, but it is equally true that the articular face of the head of the femur is not so covered. It is now an acquired fact of anatomy that the synovial membrane does not extend over the cartilaginous, articular surfaces. What could the lymphatics, then, of the synovial membrane folded around the ligamentum teres, do, being obliged to act from a distance upon a head and neck from which they are separated by a thick plate of articular cartilage? Again, in order that lymphatic vessels may absorb effete atoms they must be in immediate contact with such atoms; they must be *interstitial*. Lymphatics of the synovial membrane, then, can only absorb elements of the synovial membrane, in which they are imbedded. They could not even absorb the component elements of the ligamentum teres, which they envelop. If this power be claimed for the lymphatics of the synovial membrane that covers the fragment of the neck still attached to the head, the same reply may be made, viz. that *being on the surface*, and not permeating the bone, their absorbent power cannot extend to the bone. This difficulty is still further increased by the interposition between them and the bone of the "cervical ligament." Moreover, the fact, already enforced, that in extra-capsular fracture, the neck, by the nutritive power of the "cervical ligament" and the synovial membrane, retains most of its length, shows that they contribute to nutrition and not to absorption. In the fracture partly within and partly without the capsule these two structures are equally in contact with that portion of the neck joined to the head, and contribute rather to its integrity than its removal.

The specimen, then, which we took as a text, cannot have been a fracture partly within and partly without the capsule; we have seen that it was not extra-capsular; it must have been *intra-capsular*. May we not, then, substitute Dr. Smith's fifth proposition by asserting that *a line of union of a head immediately to the shaft proves an intra-capsular line of fracture?*

The sixth proposition of Dr. Smith is as follows: "Under favorable circumstances fractures of the neck of the femur, external to the capsular ligament, unite readily by bone; so also do fractures which are partly within and partly without the capsule; and it is highly probable that fractures within the capsule, which are followed by absorption, are sometimes united by bone, after the process of absorption has reached a point external to the normal capsule, where bony material is supplied; but this, if it ever does occur, can never be proven; for if the line of union be partly without the normal capsule, it is impossible to determine

that the fracture was entirely within it, and we can never be positive that bony union of intra-capsular fracture has occurred until a specimen is presented in which the line of union is found to be entirely included by the normal capsule."

In opposition to the statement that "it can never be proven that a fracture within the capsule is ever united by bone after the process of absorption has reached a point external to the normal capsule," I have attempted to show that a line of union entirely outside of the capsule proves an intra-capsular fracture, which has united by bone. If this be true the test that Dr. Smith proposes, requiring a line of union entirely "included by the normal capsule," to prove bony union of intra-capsular fracture, cannot be admitted. If my view be correct, *bony union of intra-capsular fracture has been proved by specimens in which the line of union is entirely without the capsule.*

I think it is such specimens which shadow forth the truth in this much-disputed question. That an intra-capsular fracture, *with impaction*, might form an intra-capsular line of bony union, seems possible, but the fact has never been demonstrated. Under any other circumstances than those of impaction the difficulties in the way of bony union within the line of the normal capsule seem insuperable.

May we not assert, then, as the true statement of this matter, that *intra-capsular fracture of the neck of the femur never can present a line of bony union entirely included by the normal capsule, unless in cases of impaction, and that the possibility even under these circumstances has not yet been demonstrated; but that intra-capsular fractures have united by bone, and may again so unite when the inner fragment has, by absorption of the femoral part of the neck, been allowed to come wholly or partly in contact with that part of the femur which is extra-capsular, and for this reason affords abundant bony material?* When such a change in the relation of the fragments has occurred the analogy between their position and that of the fragments in fracture of the anatomical neck of the humerus becomes striking. In this latter form of fracture, when there is impaction, bony union almost always occurs; and even when there is no impaction bony union is frequently the result. (*R. W. Smith, Nélaton, Cloquet.*) "The reparation of the injury is accomplished principally by the lower fragment, which throws out matter in great profusion." (*R. W. Smith.*) The power in the humeral shaft of affording reparative material cannot be greater than that of the femoral shaft, and, the relations of the fragments being now identical, why should not bony union occur in one as it is known to do in the other?

Progress of Medical Science.

PREPARED BY C. Y. SWAN, M.D.

FRACTURE OF OS BRACHII FROM MUSCULAR VIOLENCE.

PIERRE, a reaper, aged 35, of lymphatic temperament and robust constitution; muscular system of normal development; has always enjoyed excellent health, and no hereditary predispositions. Sept. 24, 1861.—Pierre drank with some comrades in a tavern, when one of them proposed to play *tourner poignet*, and here is what followed:—The two tilters seated themselves face to face at a narrow table. Their elbows rested on the table, with forearm flexed at right angles on the arm, and right hand mutually seized. The two right hands thus grasped stood almost perpendicularly from the table. The strongest was to reverse the hand of his adversary, but without jerkings, and solely by the effect of a continued muscular contraction. Pierre had to contend against a young man of a force nearly equal to his own; so the two continued for some moments without failing, when *tout à coup* a crack was heard—Pierre's right hand fell upon the table in excessive pain. The surgeon

called found all the signs of a fractured humerus—deformity, crepitation, pain, and inability to move. The fracture was situate near the superior third, on a level with the insertion of the deltoid, and a little under the insertion of the great pectoral and dorsal; it seemed to be nearly transversal. There was no apparent ecchymosis. Consolidation perfect after thirty-five days, and no deformity.—*L'Union Médicale*.

BRUITS CAROTIDIENS.

M. Marchand believes that the *bruits carotidiens* under puberty are not abnormal, as his examination of forty-five children (eighteen girls, twenty-seven boys) composing a village school goes to prove. The youngest girl was four years old, and the oldest thirteen, but had not yet menstruated. The most of them were of strong constitution, their freshness of complexion testifying to excellent health; only three of the eighteen were sick—one with rheumatism, the second had a contraction of the leg, and the third a lachrymal fistula; but notwithstanding seventeen of them presented the *souffle carotidien*; among fourteen it was a continuous *souffle*, strong, at times rude; in three cases there was a double *bruit de souffle*; in a little girl of ten years, very vigorous, a *timbre musical*. The pulse in these children varied from seventy-six to one hundred and ten. As to the boys the youngest was four years old, and the eldest twelve. All were in good health and all furnished the *bruit carotidien*; in four it was musical; in six a *souffle intermittent*; in seventeen a continued *souffle*; pulse varied between eighty-eight and one hundred and twenty.—*Gazette Hebdomadaire*.

PROPHYLAXIS OF DIPHThERIA.

M. Loiseau has had twenty years' experience in *tannaging* the throat for the prevention of diphtheritic accidents and croup, and states that his treatment has been very successful. When diphtheria is epidemic all adults, on feeling the slightest *mal de gorge*, should immediately gargle with an aqueous solution of tannin every fifteen minutes, occasionally swallowing some drops, in order that every part of the throat may be submitted to the agent's action. If after twenty-four hours of this simple medication no amelioration is perceptible, an alcoholic solution of the same substance may be used. The trouble not yet receding, add to the above six or eight grammes of tannin, one or two grammes of chloroform, and eight grammes of alcohol. If this fails have recourse to the ethereal solution of tannin. In treating a child not old enough to gargle, make it drink very little quantities of one of the above solutions, and at the same time blow some powdered tannin into its throat. The strength of the ethereal and alcoholic solutions must of course be in keeping with the age and susceptibilities of the patient.—*Journal de Médecine et de Chirurgie*.

American Medical Times.

SATURDAY, MARCH 15, 1862.

THE CLOSE OF THE WINTER SESSION.

THE Winter Session in our medical colleges has closed, and there has been the usual accession of recruits to the ranks of our profession. At the commencement of the lecture season it was supposed by many that the attendance of students would be exceedingly small, and but little encouragement would thus be offered to those whose duty it was to teach. We are now happy to state that such expectations have fallen far short of realization; although some of our smaller colleges in the country have been compelled to close for want of patronage, the metropolitan schools have regis-

tered not far short of the usual number of matriculants. The condition of war in which our country has some time past been involved, has developed a branch of study in our various colleges which heretofore was altogether lost sight of; we refer to Military Surgery. Lectures on this branch have been given during the fall and winter courses in all our principal colleges throughout the country, and have generally been well received. They have been attended, not only by the student and practitioner, but also by very many of our army surgeons. The classes in attendance, during the past Winter in New York, have given every evidence of studiousness. Not only have the College duties been well and faithfully performed, but the dissecting rooms have had their share of occupants, and the wards of the Hospitals have been thronged. Several of the teachers have been so stimulated by the student's desire for improvement, that they have inaugurated private courses upon important branches, and the success which they have met with, we hope, render such instruction a permanent feature. The final examinations have been, judging from the testimony of the different examiners, very creditable, and would fain lead us to expect great things from our younger brethren. We would refrain from mentioning any particular individuals who distinguished themselves by their answers, inasmuch as it might place in an unenviable light very many of those who have already claimed for themselves the honor of having passed the "most brilliant examination." It is curious to note how many of such there are in every class of graduation.

The usual number of prizes have been distributed throughout the schools, and there can be no doubt that the system so lately inaugurated is in every way conducive to the welfare of the student, by the impetus which it gives him to increased exertions. The prizes, for the most part, are liberal in their design; and those who have taken a share in their institution deserve the commendation of all who strive after the elevation of the status of medical learning.

It may not be inappropriate at this time to speculate on the different courses which will be taken by those who have become so recently entitled to the honors and privileges of our profession. The inducements for emolument which the army holds out will be sufficient to tempt a great many to enter the service, when opportunities are offered for so doing; some of these will doubtless remain attached to the army even after the close of the war, while others will commence regular practice. The requirements for entering the army are such as to guarantee competency on the part of the successful competitor; and we consequently can recommend such a position to every young man as an honorable and distinguished one. The majority of our newly made physicians will locate themselves at once, but we regret to say will soon, from want of patronage, become an easy prey to disappointment and discouragement. This, however, is the common lot of all beginners; but especially does it belong to that class who are wont to neglect hospital advantages in order to save time. Some will seek admission into our hospitals, and adopt a truly reliable plan for rendering themselves qualified for entrance into general practice. Others will take a tour through Europe, in order to follow the celebrities through their wards. The alleged advantages of foreign cities are, we are forced to believe, more imaginary than real: this is especially the case with medical students. Fresh from the lecture-room, they are totally

unprepared to appreciate their real wants, and are easily led to adopt unqualifiedly the peculiar hobby of each clinical teacher. Then again, the chances are that they will pay most attention to all those points which they will find of the least practical utility in their future career. The case, however, is vastly different with him who has been already engaged in practice, or is determined upon a specialty. In either case a definite object is in view, and the proper foundation laid for the appreciation of truly useful knowledge.

The time, however, has come when Americans should begin to look seriously at home for advantages which older cities have so long laid claim to; every physician and student especially should first improve the facilities which are offered to him by the numerous large and well regulated hospitals throughout our own country. We doubt not that many, if they should take the trouble to look it up, would be astonished at the amount and variety of disease which can be seen in our very midst. And this leads us to ask the question seriously—Why are such advantages not sought after more by those who take an interest in clinical study? The results of treatment in our Hospitals can certainly compare with the best institutions of the kind in any country. We are inclined to think that the only essential difference that exists between the mode in which clinical study is prosecuted in America, as compared with the same study in other countries, consists in our want of teachers. Teachers who are competent to give thorough and systematic courses of instruction are much needed in all our large institutions. When we have succeeded in establishing such a system there will be no want of patronage. The right men are among us; all that is needed is, that they direct their talents in this new channel.

It will, indeed, be some time, no matter what particular course the young graduate may take, before he becomes fully alive to all the toils, anxieties, responsibilities, and unrequited labors, which are our common lot. He will not, however, regret at the end the course he has taken; he will not wish his work any the less severe because his compensation has been meagre, or any the less benevolent because he received so few thanks.

THE WEEK.

ONE hundred of the sick and wounded of the Burnside Expedition arrived at this port last week in charge of Dr. HITCHCOCK, of Massachusetts. Although many were unable to walk without assistance when they started, yet so beneficial was the voyage that when they arrived here but fifteen required assistance. We have several times called attention to the importance of establishing military hospitals in the vicinity of New York for the accommodation of the sick soldiers of the north and east. Large numbers of invalided troops now crowd the hospitals in the more immediate vicinity of the seat of active military operations, who would be greatly benefited by being transported by sea to permanent hospitals, easy of access by water, located in the most salubrious district, and having all the modern improvements as regards room, ventilation, nursing, etc. The vicinity of New York affords sites for the location of military hospitals unsurpassed for healthfulness and accessibility. The banks of the Hudson, with their various elevations, afford innumerable sites where the health-giving influence of natural scenery would combine with artificial appointments in an extraordinary degree. A pavilion hos-

pital, located on the Hudson, would do more to restore the health of our northern troops, now languishing in the temporary structures at the seat of war, than all the drugs in the country. We believe it would have been a matter of great economy, in saving of money as well as life, if Government had established permanent hospitals at such points early in the war. But the necessity for these institutions is now daily, we fear alarmingly, increasing. The active operations of the expeditionary corps on the southern coast are daily adding to the number of sick and wounded, whose convalescence will depend much, or altogether, upon the care they receive, and the conditions which surround them. And the final movement of the army of the Potomac adds tenfold weight to our suggestions. We are aware that Government has located hospitals at Philadelphia, which are fulfilling the purposes for which they were designed. But there is need of larger hospital facilities, and that need is liable at any moment to become imperative. No time should be lost to provide against these prospective wants of our army.

We hear from every quarter of the vast field of our military operations the warmest acknowledgments of the timely aid which the U. S. Sanitary Commission affords to our advancing armies. From Ship Island to the remotest camp in Missouri come numerous testimonials of the value of the labors of the Commission, in providing for the wants of the sick and wounded. The public alone support this arm of Government service, and it is but right that they should know of its doings. Does the Commission give to the country sufficient information of its operations? We think not. It would quicken the public feeling to know of the wants of the army at different points, and to learn how far those wants have been supplied. We believe the Commission cannot do a better act than to instruct its Secretary to furnish to the public prints some of the reports of its agents.

In this number we commence the publication of a series of papers on the Climate of the State of Minnesota, with particular reference to its adaptation to consumptives. The author, Dr. GEORGE LEWIS, was formerly a practising physician of this city, who was compelled to relinquish a large and lucrative business on account of the development of pulmonary tuberculosis in his own person. He was led to make trial of a residence in Minnesota, and has found the influence of that climate highly beneficial. His attention having been thus directed to the peculiarities of the climate of that State, he has embodied his investigations in the papers referred to. The profession have long been in want of reliable information in regard to the alleged advantages of this climate to the consumptive. In the papers of Dr. LEWIS that information will be furnished by one who brings to the investigation of the subject a discriminating mind, long accustomed to scientific studies.

THE Legislature of the State of New York has passed the following act to prevent the adulteration of milk, and prevent the traffic in impure and unwholesome milk.

1. Any person or persons who shall sell or exchange, or expose for sale, or exchange, any impure, adulterated, or unwholesome milk, shall be deemed guilty of a misdemeanor, and on conviction shall be punished by a fine of not less than fifty dollars, and if the fine is not paid shall

be imprisoned for not less than thirty days in the penitentiary or county jail, or until said fine and cost of suit shall be paid.

2. Any person who shall adulterate milk with the view of offering the same for sale or exchange, or shall keep cows for the production of milk for market, or for sale or exchange, in a crowded and unhealthy condition, or feed the same on food that produces impure, diseased, or unwholesome milk, shall be deemed guilty of a misdemeanor, and on conviction shall be punished by a fine of not less than fifty dollars, and if the fine is not paid, shall be imprisoned for not less than thirty days in the penitentiary or county jail, or until said fine and cost of suit shall be paid.

3. Any person or persons who shall engage in or carry on the sale, exchange or any traffic in milk, shall have the cans in which the milk is exposed for sale or exchange, and the carriage or vehicle from which the same is vended, conspicuously marked with his, her or their names, also indicating by said mark the locality from whence said milk is obtained or produced, and for every neglect of such marking, the person or persons so neglecting shall be subject to the penalties expressed in the foregoing section of this act. But for every violation of this act, by so marking said cans, carriage, or vehicle, as to convey the idea that said milk is procured from a different locality than it really is, the person or persons so offending shall be subject to a fine of one hundred dollars or imprisonment in the penitentiary or county jail, or both, in the discretion of the court.

4. This act shall take effect immediately.

We may congratulate the people of this city that a blow has at last been struck at the iniquitous system of milk-adulteration, which has annually largely increased the mortality among children. We hope it will not be allowed to remain a dead letter on the statute books.

Reviews.

CLINICAL LECTURES ON THE DISEASES OF WOMEN AND CHILDREN. By GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Obstetrics, in the University of New York, etc. Seventh Edition, carefully revised. New York: William Wood, pp. 653.

THE *seventh* edition of this work has just been issued, a fact which more strongly than words attests its popularity with the profession. No medical work in our language has so rapidly run through repeated editions. But we must add to this accumulative evidence of the value of the work the announcement that it has passed through a French translation at Paris, and is now being translated into German at Vienna.

THE HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES: No. 34. Philadelphia: Lindsay & Blakiston.

THE American edition of this semi-annual is now uniform with the London edition. It embraces a large scope of periodical medical literature, and may be regarded as a complete reflex of the advance which is made in all departments of the Medical Sciences.

M. FOUCHER, of the Hôtel Dieu, practises the following method of local anesthesia in cases of incurved toe nail, and with, we are told, complete success:—"A ligature is tightly applied around the second phalanx of the great toe, and then lint soaked in chloroform is laid upon the nail for two or three minutes before the operation is performed. Two patients thus operated upon felt no pain, but only a slight sense of tickling."—*Brit. Med. Jour.*

BELLEVUE HOSPITAL MEDICAL COLLEGE.

VALEDICTORY ADDRESS

AT THE COMMENCEMENT OF BELLEVUE HOSPITAL MEDICAL COLLEGE.

By PROFESSOR GEORGE T. ELLIOT.

GENTLEMEN of the Graduating Class! Brother Physicians now! Fellow Students always!—This evening's ceremony has changed your relations to our College, and given you a new social position. The hour has come when the indulgence and freedom of the simple student life must yield to the criticism and self-denial interwoven with your future labors. It is a solemn moment. The brief span of life is measured by such events—bright and roseate in anticipation—and hallowed in the past by the choicest tints of memory. Prepared by study, tested by examination, you are now enrolled in that army of the defenders of life who battle with disease in every climate, in all seasons, at all times. Bound together by the same aspirations, the same trials, the same necessities, there is no brotherhood more truly democratic, no republic where prizes more certainly reward individual effort. Your future rests with yourselves, and in that future among your proudest recollections must be those of this eventful year. A year which with all its sadness, and all its desolation, may be the harbinger of happy days, since amid the shock of revolution, the overthrow of political schemes, and the destruction of material interests, those elements of character which make the true wealth of nations are crystallizing anew in resplendent shapes which may challenge the admiration of History.

At the time when the national calamity was the greatest, at the time when the prospects of our enterprise were the gloomiest, encouraged by the Commissioners of Charity and Correction, and the Trustees—some of whose names are familiar in your mouths as household words—we laid the foundations of that college from which you now issue as the first graduating class. Confident in the future of our country, firm in our conviction that the underlying principle of all true medical education rests on the development of the student's faculties for enlightened observation—that demonstration was to the study of medicine what action is to oratory—we have been rewarded this year by the presence of an attentive, enthusiastic class of one hundred and three students, and by the best assurances of its rapid increase in the next.

Determined to deserve success, and aided by the liberality of our Trustees, we declare that our labors during the past winter presage those results which we believe must spring from the alliance of medical teaching with so vast a field for clinical demonstration.

Generous-hearted, noble New York, so busy and so powerful, receives within her gates that steady tide of Emigration, which, purifying itself by the deposit of the effete, the unfortunate, or the worthless, in living streamlets vivifies the land. The aged, the sick, the imbecile, the hopelessly depraved, borne by that mighty tide, as our own Mississippi bears in its waters foul and useless burdens (exponents of its force and susceptible of filtration), are here the objects of ceaseless care and unwearied solicitude. In the suburbs of our city, on the margin of a broad river whitened by the sails of a sleepless commerce, there may be seen the noblest range of buildings in the state, where a thousand windows sparkle in the cheering rays of the sun as they stream into wards devoted to the solace of every human woe—"Where hopeless Anguish pours his groan, and lonely Want retires to die."

You know those places well. There, in the shadow of those vast Hospitals, have you been armed for your struggle with disease. In these wards, by those bedsides, have you seen the patient application of the searching analytical laws by which we seek to discover the essentiality of disease. There you have seen the physician's triumph in success from the joy of convalescence; there you have seen his comfort after failure in the absolute proof of a correct dia-

gnosis, and the employment of the best resources at his command. "By medicine life may be prolonged, yet Death will seize the doctor too."

Your professors have carefully selected for your study cases which represent the types of disease incident to all classes, both sexes, different ages, and special contingencies. They have lifted the mask from diseases, protean in character, that you might again and again recognise the familiar features; and they have taught you to interpret that wonderful language, in which one organ when diseased appeals for aid through another which may be healthy. Passing from the curable to the incurable, from the clearly defined to the obscure, they have pointed out that which has yet baffled investigation, and have shown you with what masterly strategy and admirable appliances modern science passes on to future conquests.

It cannot be that men, educated as you have been, will falter in the strife. It cannot be that society will not reap from your labors a reward for the performance of its charitable duties. The tax-payer of New York may owe his life in a distant village to the skill acquired at the bedsides of Bellevue. Nor do the results of thorough hospital training stop with the immediate benefit to the practitioner or his patient. Where such a man goes interest is awakened, ambition aroused, routine broken, and the whole cause of education developed. Oh! may you be worthy of such a future, and look back on a life brightened by high endeavor, and honored by noble results! But never can you hope to penetrate the mysteries of disease, and worthily interpret their meaning by mere force of intellect alone. For sorrow there must be sympathy—for despair, courage—for inexperience, advice—for rashness, warning! The throbbing heart must feel that with the physician come safety and relief. In no other way will it unburthen itself. The true physician can neither be a stoic nor a puling sentimentalist. His judgment, skill, and sensibilities must go hand in hand in the light of his experience to the diagnosis of mental as of physical suffering. But how sublime, how touching a spectacle is that of humanity in all its gradations, from the throne to the hovel, swaying together, and reaching a common level before the same emotions. In the spacious halls of Windsor Castle, guarded by the best sanitary precautions of the age, the Prince Consort of England, in the prime of life, succumbed to that fever which it is the pride of sanitary science to avert; while but a moment later the throng of miners in Hartley Colliery perished from one of those accidents which no engineering skill can positively prevent, and a village became desolate. Struggling through cold courtly conventionalities the widowed Queen calls aloud to the widowed peasant, and their voices mingle in the diapason of a common lamentation. From the chamber of death, through the house of mourning, the physician daily passes to the contemplation of the purest joys which bless the pilgrimage of men. He sees the humble home illumined by the smile of a contented spirit, and finds envy enthroned amid luxurious decorations. The extremes of the social scale meet him in the same spirit. He listens to the simple recitals of magnanimous self-denial, and to the fretful whims of pampered self-indulgence. No Asmodeus ever saw society so truly as it is. No other profession ever brings man so unreservedly in contact with his fellow man at every step of life from the cradle to the grave. These influences form the character of the true physician, and make him tolerant, liberal, forgiving, humble. To him, more than to any other man, belongs the blessed privilege of explaining faults of character, not only by faults of education, but by the influences of disease so often lurking in the attributes of health. Like Ithuriel, he touches with his spear the evil spirit, poisoning the brain, and reason once more resumes her sway over the troubled mind. From the study of these influences, and from the daily recognition of their effects in the sins of omission and commission, the physician sees further than others can possibly be expected to see into the grand mystery which surrounds the reconciliation of Infinite Justice with Infinite Mercy.

For the honor of human nature be it said, that no man, conscious of his own failings, can long pursue such a study without being purified from misanthropic tendencies, and humbled by the recognition of so many noble qualities surviving the trials and temptations of life.

Educated as you have been for your career, you commence your labors with an appreciation not only of the types of disease, but of their intimate associations and reciprocal influence on the habits and characters of men. The laws which will guide you in the future now stand clear and sharply defined in the light of their recent interpretation. How shadowy will they often seem when personal responsibility, physical exhaustion, harassing doubts wrap them as in a cloud; and perchance dishearten you as they have disheartened so many others. Ah! those first weary, anxious years of professional life, what touchstones they are for professional worth! They bear the germ of your destiny. Those plastic elements from which you must shape your own future lie there ready for your hand. Courage, patience, the love of doing good, and an honorable ambition, must cheer and spur you to a task, which will often seem fruitless, often unthankful, and never greatly remunerative. Nor will half measures suffice. Merely to keep the single talent there is as reprehensible as in the parable. Believe not that any profession is overcrowded. It were better that every profession were weeded; but talent, energy, and education will make their way now as they have in the past and will in the future. They will be welcomed now as ever, after they have sustained a careful scrutiny; they will be dreaded now as ever, for human nature is always the same. Do not believe in the cant which whines over an asserted lack of opportunity, and slanders another's success. A large practice, a great hospital, a professorship, are not necessary for the highest rewards of our profession. The simple, truthful cases of Smellie, observed in a limited country circle, will live on the record; Sydenham had not a little of the advantages which have done so little for so many. Opportunities sooner or later will come to all of you, but some may be heedless, others unprepared. The period of anticipation is never too long if passed in preparation; and many a brilliant career in our profession has dated from an occasion when merit disclosed itself without thought or hope of reward.

It is told of Dieffenbach, the great practical surgeon of his day in Prussia, that his masterly performance of the operation for strangulated hernia, alone, unassisted, in the night, by the dim light of an uncertain candle, on the most miserable of a miserable class, was the immediate cause of his advancement. A gentleman of rank and position, stopping to inquire his way, saw the young man triumphing over all his disadvantages, cool, skilful, self-reliant, and found him fitted for any position.

How many illustrations of these truths might this very audience afford! Would not their collective experience warn you rather against the dangers of too hasty professional success than of prolonged preparation?

You are entering on a new era in the medical history of our country. The prizes are sought by a greater number of educated men; and the truth is fully recognised that solid success needs the stamp of professional approbation. The different languages, and the various schools of Europe, are represented here; and hence, the interchange of opinion, and the comparison of results, must quicken endeavor, and predestine an alliance of erudition with American fertility of expedients full of promise for the future.

As you pass on to take your places in the arena, and are lost for a time amid the throng, believe that the heart-felt sympathy and confident hopes of this faculty accompany your steps; and that your alma mater awaits the glad tidings of your success as her greatest reward. You, the first born, must labor for her interests and encourage us to develop these advantages which will further the best interests of medical education. You and we advocate the principle to which this college owes its existence, and be-

lieve that the steady centralization of medical schools in cities, and the growing demand for bedside training, called imperatively for that intimate association of didactic with true clinical instruction offered in the Bellevue Hospital Medical College. Such results as have already attended the enterprise warrant our belief that it has helped to supply a professional want.

And now farewell! How dimly are the thoughts suggested by this parting mirrored by these imperfect sentences. But language is but the exponent of feeling, a dull register of that electric flash which leaps from heart to heart. The intimate associations of the winter have culminated this evening, and there is a bond between us for ever. May our college, our profession, our country unite in applauding some discovery, some trait of character which may make us all proud of our association with this class. And in addition to those rewards of professional life, of which alone it befits me to speak, may self-examination lead you to hope that both your thoughts and your actions may meet the approval of the Great Physician! Farewell!

Correspondence.

CHLOROFORM IN MIDWIFERY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The discussion on Dr. Fordyce Barker's Memoir on the Use of Anæsthetics in Midwifery, as well as the memoir itself, have excited much interest in Europe; agreeing, as all the observations do, in a large degree, with what experience has taught us on the same subject, at this side of the Atlantic.

It is possible that the dangers of chloroform loom too largely through the heated atmosphere of modern discussion, and that the great prominence given, and possibly rightly given, to deaths from chloroform, in newspapers and journals, has had some effect in diminishing the usefulness of this most admirable agent. Dr. Detmold, like my late impulsive friend, Dr. Lever, of Guy's, thinks our mothers and grandmothers did very well without chloroform, and so ought the ladies of the present day; but the former did very well without vaccination, and telegraphs, and railways; would Dr. Detmold advise us to copy them also in those things, for the argument only amounts to that? Accidents from railways are quite as frequent—if not more frequent—than accidents from chloroform, whilst in midwifery there has not been a single well attested accident from anæsthetics.

The "cardiac syncope" of the schools, with engorgement of the right side of the heart—which is supposed in the public mind to be the frightful cause of all the accidents—is not cardiac syncope at all, no more than the great fact is a fact that we are going to have a great war with America about Mason and Slidell; as the latter fancy still pleases some persons, so the cardiac syncope dogma holds its ground in our leading London medical journals. The public have got the idea, and it answers best, what with artificial tympanums, chlorodyne, railway commissions, adulterations of mustard or water-cresses, or any half-dozen stolidities or quackeries of sanitary science in the book-publishing trade—not to run counter to the old ideas of heart-disease and chloroform. Cardiac syncope, as formerly described, is now found to be in fact a post-mortem change. It is not syncope, because the heart fails; it is engorgement, because the heart is the last to fail. But the book-publishing reviewers are instructed, that all the old books with heart-disease as their refrain must be first sold before the new ideas are spread abroad. In midwifery, one single death from chloroform, with a coroner's inquest, would enlist all the shut-up thunders of the *Lancet*, or in New Burlington street send up the sale of all old chloroform books fifty per cent.; in other words, what appears

in London journals, or manuals, does not at all represent the feeling in hospitals, or in midwifery practice, in the experience of Europe generally on chloroform. If it is sternly held that chloroform kills like bullets in battle, that all the deaths are from diseased heart, and that there has been not a single accident from ether, it is easy to see how public prejudice must grow against chloroform; yet the remarks of Dr. Elliot, fully corroborated by the later ideas of my late friend Dr. Snow, in London, as to heart-disease, show very clearly what a bugbear heart-disease has been. The experience of Dr. Barker, Dr. Elliot, etc., as to spasmodic rigidity, use of forceps, puerperal convulsions, and version cases, quite agrees with that of the best men in England, such as Dr. Tyler Smith, Dr. Murphy, the late Dr. Rigby, etc., as well as with the views held by my friend Professor Simpson, of Edinburgh, and Dr. Churchill, of Dublin. As to chloroform in forceps cases, Dr. Gardner's remarks are excellent; forceps cases are like lithotomy cases, where Mr. Fergusson and other good surgeons now use chloroform; though a short time ago, and for the same reason as in forceps cases it was withheld; but this is all changed.

The only point of marked difference between the experience of America and of Europe in obstetrics is, as to the liability to *post-partum* hæmorrhage; here, in Europe, we scarcely agree with what Dr. Gardner has found; at the same time it may be explained in this way, that more recently we have discovered that ergot (and in large doses too) may be used with advantage, along with, or after chloroform, though half a dozen years ago they were looked on in some measure as incompatibles. This, indeed, may be one of the points where chloroform dangers have "loomed" too largely in discussions of some bookish men, and whilst every kind of known quackery, every patent drug of the chlorodyne or sugar-coated pills' kind, every kind of medicine-made-popular style of book is encouraged by London publishers. Chloroform is still fighting a direful battle with popular prejudice on one hand, and the cold water thrown on anæsthetics by such editors and publishers on the other. Yours, etc.,

CHARLES KIDD, M.D.

BACKVILLE STREET, LONDON.
Feb. 20, 1892.

UNCONTROLLABLE VOMITING AFTER CHLOROFORM.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The following case brings out a feature in the use of anæsthetics that has not met with much attention:—

A short time ago I was called to a neighboring town in consultation to a case of arm presentation. Four physicians had been in attendance, and were exhausted with attempts to perform version; the patient being under the influence of chloroform. I found she had inhaled a good deal, the administration of the article having been kept up for several hours. I therefore objected to its further use until the operation of turning was carried far enough to cause pain. With considerable care and difficulty I succeeded in bringing down the feet, and after some time completed the delivery. The arm had been amputated at the elbow before my arrival, and as Churchill remarks, it was no advantage, as I fully proved during my work. The placenta was removed without any trouble. An anodyne cordial was administered, and I left the woman apparently strong and comfortable. I was informed by the medical attendant, the next time I met him, that the patient was attacked with vomiting which could not be restrained, brought on by, as he thought, the chloroform, and she ultimately died from exhaustion. He could not detect any other cause for her death. Does chloroform ever induce such unmanageable vomiting? What do Dr. Barker and others say on this point?

Yours, etc.,

J. H. POOLEY, M.D.

DOBBS'S FERRY, Feb. 28, 1892.

Abstract of the Official Report.

Deaths for the Week ending March 11, 1861.....	898
“ “ “ “ March 2, 1862.....	424
“ “ “ “ March 9, 1862.....	456

Mar.	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'n, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
1st.	29.64	.10	27	18	35	5	8	N.W.	0	667
2d.	29.90	.10	28	29	35	4	6	N.W.	3	717
3d.	29.71	.50	31	26	35	1	3	N.E.	10	934
4th.	29.47	.40	33	31	35	4	6	W	6	730
5th.	29.70	.80	35	30	40	3	5	N.E.	10	754
6th.	29.64	.10	32	35	40	4	6	W.	3	724
7th.	29.69	.11	32	23	41	5	8	W.	0	676

Monday, March 17.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M.
Tuesday, March 18.	{ NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, March 19.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1a. Hos., half-past 1 P.M. EYE INFIRMARY, 12 M. ACADEMY OF MEDICINE, 8 P.M.
Thursday, March 20.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Elliot, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, March 21.	{ NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M. EYE INFIRMARY, 12 M. Dr. Noyes's Lecture, half-past 1 P.M.
Saturday, March 22.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

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Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of *Secale Cornutum*, minus its poisonous substance. In consequence, Bonjean's Ergotine may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of Bonjean's Ergotine is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

LABELONYE, Phen., No. 19 Rue Bourbon Villeneuve, Paris.

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This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

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Dose.—Two to three teaspoonfuls daily.

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Dose.—Fifteen grains in powder, two or three times a day, just before eating.

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Each Granule contains one-third of a grain of Hydro-alcoholic Extract of Digitalis Purpurea. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations*, *Aneurisms*, and *Hypertrophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

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Dose.—Ten to twelve a day for an adult, repeated three days.

GELIS & CONTÉ'S DRAGEES OF LACTATE OF IRON.

Approved by the French Academy of Medicine.

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Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia*, *Headache*, convulsions of the stomach, &c., &c. It is favorably spoken of by Drs. Troussseau, Pidoux, Griseolle, &c., &c.

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Doses.—Two to four Dragées, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

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This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as cod liver oil.

Dose.—A teaspoonful two or three times a day.

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Original Lectures.

CLINICAL LECTURES ON THE PUERPERAL DISEASES.

DELIVERED AT THE
BELLEVUE HOSPITAL MEDICAL COLLEGE.
By B. FORDYCE BARKER, M.D.,
PROFESSOR OF MIDWIFERY AND DISEASES OF WOMEN, ETC., ETC.
LECTURE III.—PART II.

ON INFLAMMATION OF THE BREASTS AND MAMMARY ABSCESS.

Prognosis.—This must include the questions not only as to the duration of the disease, that is, the time required for its cure, but the effect upon the general health, the probable recovery, the possibility of continuing lactation in the affected breast, and the subsequent capacity of the organ for its functional duties. First, as to duration, this will depend in a great measure upon the seat and type of the inflammation, and the character of the abscess as well as the condition of the general system. The inflammation of the subcutaneous areolar tissue may terminate either by resolution or by suppuration, and either result is attained much more rapidly than it is where the glandular structure is involved. Unless appropriately treated at an early stage, it almost always ends in suppuration, which usually takes place within a week or ten days. Even when resolution is secured, there is apt to remain some induration of the tissue involved, and a slight cause will be sufficient to re-awaken the inflammation. The subcutaneous abscess is usually cured within a week or ten days after it is opened. It is very rare that this form of abscess lasts two or three weeks.

The existence of inflammation of the *sub-glandular* areolar tissue can be very seldom positively determined until after suppuration has taken place, and even if it be suspected, very little can be done by treatment to prevent such a termination. For this and other obvious anatomical reasons, the duration of the sub-glandular abscess is much longer than the subcutaneous. Inflammation here exhibits a marked tendency to become diffuse, while in the former case it is ordinarily circumscribed. Even if it be circumscribed, and the pus be formed near the centre of the gland, it is very difficult to ascertain its existence, and thus secure an early discharge by an artificial opening with the knife. If left to come to the surface spontaneously, the pus not unfrequently finds an exit through several channels, and results in those intractable fistulas which I have before alluded to. Again, inflammation of the parenchymatous structure of the organ is very liable to be developed as a secondary affection. So if you look over the published reports of cases of this kind, you will see that they are apt to last two or three months, and sometimes longer.

The duration of the *glandular* inflammation is usually much longer than that of the superficial or profound areolar tissue of the breast. Its march is much less rapid, suppuration takes place much more slowly, and there remains an induration which requires a long time to disappear. It may attack one or more lobules at first, and while these are passing through the process of suppuration, contiguous lobules become inflamed, and thus we may have a succession of abscesses lasting for months. A prudent physician will be very guarded in his prognosis as to the duration of this kind of mammitis, as it is very variable and must depend upon the number of lobules successively involved. To use Velpeau's illustration, suppose that the second abscess does not open until a week from the first, the third a week from the second, and so on, it is evident that when fifteen, twenty, or thirty abscesses are developed, as has frequently happened, the poor woman must be a suffering victim for months. One of Velpeau's cases lasted for eight months, another six, several three. Indeed, Velpeau says

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that from two to three months is the usual duration of this form of mammitis. The cases reported by other authors confirm this opinion. So, gentlemen, if you conscientiously study your cases, and are fully informed as to all that is known in regard to the laws of the disease, its progress, result, and treatment, and have exercised a sound judgment in the application of your knowledge; you need feel no self-reproach for results which are common to those of the largest clinical experience and the acknowledged first practical talent. The next question that arises is, as to the influence of mammitis on lactation. The answer will depend upon the tissue involved, and the extent and termination of the inflammation. Circumscribed inflammation of the areolar tissue, whether superficial or deep-seated, when the glandular structure is not implicated, even if it terminate in abscess, may not arrest lactation. It may be temporarily interrupted, and afterwards completely restored. When the inflammation is diffuse, and the pus is discharged by several openings, the secretion of milk is usually arrested. This may be partly due to the extent of the inflammation, and may be partly owing to the necessary treatment of the case. But in these cases, the subsequent functional capacity of the organ is not impaired, unless more or less sloughing of tissue has occurred, and, as a consequence, such cicatricial adhesions as must necessarily involve the lacteal ducts, and the glandular structure of the organ. I have found the impression general with monthly nurses and with patients, that if a breast be broken, as they call it, it will ever after remain useless as an organ of lactation. But you see that is not necessarily the case. It is the exceptional result, in the subcutaneous and the subglandular abscesses, and is by no means a universal result of the glandular abscesses. In the latter it depends upon the amount of glandular structure involved. I have seen lactation restored and nursing resumed in many cases after the cure of glandular abscess. But where there is a succession of this form of abscesses, so much structural lesion is produced as permanently to destroy the functional capacity of the organ. Hence, I have seen quite a number of women in whom one breast has been compelled to do the duty of both.

As regards the general health of the patient, mammary abscess is always a serious and deplorable complication. Most patients recover their health eventually, but Velpeau, Burns, and others, have reported cases where the result was fatal. I have never known a case to terminate in death, but I have seen more than one where I have been very apprehensive as to the result. You can all understand what sad havoc may be made on the constitution, by numerous suppurating sinuses and large cavities. The patient has repeated chills, followed by fever and exhausting perspirations. There is generally entire loss of appetite, amounting to a loathing of food, frequent nausea, and vomiting of bile, and often diarrhoea. The pulse is frequent and gradually becomes more feeble. She emaciates rapidly, the nervous system becomes excessively irritable, the spirits despondent, the mind weakened, and sometimes the brain is seriously disturbed. I know of no affections which produce such mental despondency, unless it be some connected with the organs of generation. Dr. Thomas says, sometimes the patient becomes furiously delirious, and the symptoms would lead to a diagnosis of puerperal mania, when this slight collection of pus is the cause of the mental aberration. I have never seen such a case, but I can readily accept the proposition; and Ramsbotham relates a case which confirms the statement. Now, if we thoroughly appreciate the gravity of the disease that comes under our care, we shall feel the necessity of perfectly understanding its appropriate treatment.

Treatment.—I shall aim to give you minute special directions not only in regard to the management of each form of mammitis, but also for each special condition which may arise, because it seems to me that most young practitioners will find the directions given by authors in many particulars vague, indefinite, and unsatisfactory, and because there is

still a difference of views in some points of practice. First, then, in regard to the subcutaneous form, it is to be treated exactly as you would treat phlegmonous inflammation in other parts. You must, however, remember that inflammation is usually (not always) of an asthenic character, and consequently antiphlogistic means of an active character are not admissible. I trust all of you have read or will read Paget's lectures on inflammation, and if so, you will see how improper oftentimes antiphlogistics are in suppurative inflammation. Well then, if there is strong febrile reaction and a high degree of vascular excitement, you will give a diaphoretic sedative, such as aconite, tartar emetic, etc.* To allay pain and procure sleep, at night give eight or ten grains of Tully's powder, or of Dover's powder. Sometimes you will find it well to add to the powder a couple of grains of calomel, and to give the next morning a seidlitz powder or a bottle of the sol. of citrate of magnesia. When there is an epidemic or endemic tendency to this form of suppurative inflammation, you will avoid such agents as the aconite and the tartar emetic, but instead give your patients quinine, in as full doses as the system will tolerate it. By the use of this article you will often prevent suppuration, as I have frequently demonstrated both in the hospital and in private practice. As for the local treatment, an abscess may frequently be aborted, if you see the case sufficiently early, by freely painting over the inflamed surface with iodine, just as you may abort a boil or carbuncle. But in order that this treatment should prove successful, I think it is necessary that it should be applied within twenty-four hours of the commencement of the inflammatory process. As in other phlegmonous inflammations, warmth and moisture are of the greatest service, in relaxing the tension, favoring the effusion, and thus relieving the over distended vessels. You apply this by means of either a bread and milk or linseed meal poultice, as hot as it can be borne, or, which I generally prefer, by water dressings, that is two folds of lint soaked in warm water and covered over with oiled silk, which should extend all around much beyond the lint. In this form of mammitis, as also in the subglandular form, rubbing the breasts, which with some seems to be a routine practice, is absolutely pernicious. A moment's reflection will convince you that it must be so, and yet I have been often surprised to see how carelessly it is prescribed. So also in these cases the application of belladonna is entirely useless, except as it relieves pain. As soon as the abscess points and the fluctuation can be detected, it should be opened in the most dependent point, but carefully avoiding the areola, as, if it be opened here, the cicatrix may produce retraction of the nipple, and thus prevent the use of the breast after subsequent labors. Formerly, the profession were much divided as to the question whether mammary abscess should be opened, or whether it should be left to burst spontaneously, but there is no longer a doubt on this point. However, if my patients have a great horror of the lancet, while I tell them that they will probably be saved two or three days' suffering, and the cure will be effected two or three days sooner by opening the abscess, I do not insist upon it, in the subcutaneous variety, as I do in the glandular and subglandular, for in the latter serious consequences may result from a neglect to do so. The poultices should be continued until the abscess is emptied. But be careful not to apply them too long. The breast should always be well supported. If the induration remain after the abscess is healed, compression either by adhesive plaster or by the compressed sponge should then be applied. I shall discuss this point fully in connexion with the other forms of abscess.

* In the treatment of the *subglandular* form of mammitis, the same general principles should govern us, as to constitutional measures, as in the subcutaneous variety. Either

sedatives, anodynes, laxatives, or tonics, like quinine, may be indicated, and the indications are too plain to be mistaken by any but the merest routinist. But little can be anticipated from any topical treatment. Rubbing the breasts, for reasons already given, will be worse than useless. The application of the extract of belladonna will do little to mitigate the pain, and nothing to prevent the formation of pus, while its disagreeable offensive odor is a strong objection against its use, unless we are certain to do good by it. Furthermore, if, as is now generally supposed, it has a direct influence in arresting the lacteal secretion, it may do positive harm, because otherwise this function may be preserved. So too compression, by any means, is not to be thought of, and for this reason. The purulent accumulation is between the breast and the chest, and it seeks an exit at the surface. The most favorable point for this, is at the inferior circumference of the gland. But if compression is used, it may result in the formation of several sinuses at the circumference, or the ulcerative process may be developed in the areolar tissue between the lobules of the gland, and subcutaneous abscess appear as secondary to the subglandular. Indeed, several subcutaneous abscesses may result from one purulent cavity between the gland and the chest. While these are occasionally spontaneous results, it is certain that compression, especially if it be effected by the compressed sponge, as recommended by Dr. Foster, must favor such results, as in the latter case we have compression and a poultice combined. Poultices in this form of mammitis can have no influence in promoting resolution or advancing suppuration. Their sole effect must be to soften the tegumentary covering, and they may, for this reason, cause the pus to come to the surface at one or more unfavorable points. So I never use them in these cases. The sole remedial measure of value, is the early discharge of the pus by incision. If the conditions of the case will admit of an election, the opening should be made at some inferior point of the circumference of the breast, so as to prevent secondary inflammation of the glandular structure, or of the subcutaneous areolar structure. Sometimes, where the signs of subglandular abscess existed, but no fluctuation could be detected, I have cleared up all doubts, by lifting up the gland from the thorax, and passing between them an exploring needle. If pus was found in the canula, I have then made a sufficiently large incision with a long tenotomy knife, and these cases have been rapidly cured.

But if the abscess points on the anterior surface, then the opening must be made where the fluctuation exists, and care must be taken to prevent its closure before the pus is all discharged by the insertion of a tent. After a few days compression should be used, leaving the sinus open, for the purpose of completely evacuating the purulent cavity and promoting adhesion of its walls.

Glandular inflammation, or mammary adenitis, if you prefer to use the less simple term, presents two types. In the one, the different stages of the inflammatory process succeed each other with great rapidity. If resolution is not obtained, suppuration and cicatrization require but comparatively a short time. Thus among the cases of Velpeau you will find one, in which several lobules were involved, terminating in abscess, but completely cured in nineteen days. Another case of multiple lobular abscess was entirely well in a month. All practitioners of any experience have met with such, and these are undoubtedly the cases, which have led some writers for medical journals to believe, that some special treatment peculiar to themselves is a great advance upon everything before known. But in the other type, the different phenomena of inflammation are slowly developed, and the corresponding symptoms are much less intense, and so you see cases reported by Dr. Foster, Dr. Johnson, Velpeau, and many others, running on for two, three, or four months, and sometimes for six or eight months. The first class generally occurs in those of vigorous constitution, active circulation, cheerful temperament, and happy nervous organiza-

* See prescription, page 98, of present volume of MEDICAL TIMES.

† In visiting the convalescent wards of the puerperal patients in Bellevue Hospital, on Monday, March 10, 1863, I found five women with subcutaneous mammary abscess. These were all, undoubtedly, due to an endemic cause, viz. the impure air of the ward.

tion. The second is most frequently met with in those of a lymphatic temperament, an irritable nervous system, low vital powers, and a despondent morale. In the first class, then, you will readily see that vascular sedatives, saline laxatives, anodynes, and an antiphlogistic regimen will be required, while in the other, as nutritious a diet as the stomach will take care of, stimulants, such as ale, wine, or brandy, tonics such as quinine and iron, and opiates, will be indicated. I take it that it is unnecessary for me to say more than this in regard to the constitutional treatment. The local demands a much more extended discussion. First then, primitive glandular inflammation is almost invariably preceded or accompanied by obstruction of the lacteal ducts, or lacteal engorgement as it is termed. Inflammation seems for a time to increase the functional activity of the organ in some cases, while on the other hand, lactation also aggravates the inflammation and increases the tendency to the formation of pus. Nursing, therefore, should be forbidden, as the pain and excitement produced by the infant at the breast, must act unfavorably upon the inflammatory process, but if the lacteal secretion appears to continue with activity, the breast must be disgorge by artificial means. This can be best effected by rubbing the breast, gently but perseveringly, from circumference to the nipple, the hand being lubricated with sweet-oil. The rubbing should be continued until the breast is soft, and all nodulated indurations have disappeared, and for one or two days this process should be repeated every two hours. This is a method which has long been adopted in the Dublin Lying-in Hospital, and is warmly recommended by both Dr. Foster and Dr. Thomas; and from a large experience, I am able to fully endorse all that they have said in regard to its value. Then, the next question is, what is the best means of preventing the return of the lacteal engorgement. Camphor is generally believed to exert a specific influence in diminishing the lacteal secretion, and so some have recommended that the camphor liniment, or the camphorated oil, as it is popularly called, and another has recommended that a saturated solution of camphor in glycerine, should be used in rubbing instead of the olive oil.

But I prefer the olive oil for rubbing the breast, and then to cover it with the extract of belladonna, either pure or softened with a little glycerine. Sometimes I direct that the breast should be kept covered with a cloth on which the extract of belladonna has been spread, leaving a hole for the nipple. Belladonna not only relieves the pain resulting from the tension of the tissues, but from its power of relaxing muscular fibre, it seems to allow a more free exit of the milk, by dilating the lactiferous tubes; and within a few years past, it has been believed to possess the property of arresting the lacteal secretion. Those who heard me lecture on this subject in this hospital two years ago, it is very probable heard me express my unqualified belief, that it does not possess this power; but I do not wish to be considered as bound by the opinions expressed two years since, and I may in another period of two years have different views from what you have heard this winter. A more enlarged experience, and a more careful study of the subject, have often led me to change my medical opinions. I now am not so clear whether the arrest of the lacteal secretion is due to the belladonna or to the associated conditions which exist when the belladonna is used. But of this I am certain that it is a most valuable application to the breast, in glandular mammitis, and I have used it for this purpose (and have also applied it to the leg in phlegmasia dolens), for more than twenty years. I received the hint from Dewees, who professes to have got it from Ranque, whoever he may be. But to pass on; if these means do not secure resolution, it only remains to open the abscess when suppuration has taken place. The opening should be large enough to allow all of the pus to freely and easily escape. The next remedial measure, having for its object to relieve engorgement of other lobules, to remove induration, to prevent purulent infiltration into the

adjacent areolar tissue, and the formation of obstinate fistulous sinuses, is *compression*. This should be applied so as to support the breast and firmly compress it from the centre to the circumference, without closing the aperture for the escape of pus; and is usually best effected by means of adhesive plaster. There are several modes of applying adhesive plasters, described by different authors, either of which may be preferable to all others in certain cases. I will not stop to describe each of these methods, as none of them are adapted to all cases, and some of them are open to this objection, that they seriously interfere with respiration. It is impossible to lay down a definite rule for the application of the adhesive strips, because the breast differs so much in different women, in size, shape, form, and position of attachment on the chest. I shall only give you this general rule—apply the straps so as not to impede respiration, but so as to support the breast, and firmly and equally compress all its parts from the circumference to the nipple, leaving the latter free, and also an opening for the escape of the pus where the discharge has taken place. Your success in securing these results will depend upon individual tact, and if you have not that, no rules will supply its place. With regard to compressed sponge, as a means of compression, I will only say that I have seen it of great service where both compression, and warmth, and moisture are required, that is in promoting resolution of glandular inflammation.

But it strikes me as liable to two objections in open abscess. First, the sponge absorbs and retains the discharged pus, which in a short time becomes decomposed, and is extremely offensive; and second, the rollers applied around the body, to secure the compression, must interfere somewhat with the respiration, and if the compression is to be kept up any length of time, this becomes a serious objection. I have said nothing about the use of stimulating injections, such as the tinct. of iodine, the solution of sulphate of zinc, or sulphate of copper, to cure up obstinate fistulous sinuses, because I have no experience in their use, having never met with a case where they were not readily cured by compression.

Mammary Neuralgia.—I shall say a few words on this affection, as a cause of preventing lactation, since I do not remember to have seen any allusion to it by any author. I have, however, met with a few cases, where nursing produced such intense agony as to compel the poor sufferer to abandon it, although not the slightest disease of either the nipple or the breast could be discovered by the most careful examination. In the cases which I have seen, this symptom has not been developed until two or three weeks after nursing has been commenced. There was not the slightest pain or tenderness, except when the child was at the breast, neither could the pain be produced by any manipulation of the organ. In one patient, the nursing of one breast produced intense neuralgia in both. The first few cases that I saw I could do nothing for either by local or constitutional treatment, and the patients were compelled to give up nursing. But those which I have seen within a few years past, have been cured by quinine. I have given four grains three times a day, gradually decreasing the quantity as its specific effects were developed.

The hospitals of Vienna are at this present time crowded with patients. On Jan. 28th, there were in the General Hospital 2383 patients; rheumatism and fevers, small-pox and measles, being the prominent diseases. Our French friends, who are talking just now so much against the "agglomeration" of the sick, might get some facts from the bills of mortality of this General Hospital of Vienna.

MM. ROBERT AND COLIN have presented to the Academy of Medicine an instrument, by which anatomical microscopists are enabled readily to obtain sections of animal or vegetable tissues of the one-hundredth of a millimetre in thickness.

Original Communications.

THE

CLIMATE OF THE STATE OF MINNESOTA,

AND ITS ADAPTATION TO PERSONS SUFFERING FROM PHTHISIS PULMONALIS.

By GEORGE LEWIS, M.D.,

OF ST. PAUL, MINNESOTA,

MEMBER OF THE NEW YORK ACADEMY OF MEDICINE, OF THE NEW YORK PATHOLOGICAL SOCIETY, ETC., ETC.

Continued from page 149.

A cursory glance at the statistics of mean precipitation and temperature, which we have collated and arranged, shows a combination of coincidences most favorable to vegetable growth. The uniform and ample precipitation of the wet season, commencing with the spring and continuing through the summer months, the early and rapid advance of the spring temperature for a large area of country, central at Fort Snelling, having an average of twenty-eight degrees, corresponding to that of twenty degrees at eastern stations, together with a warm and productive soil, furnish a ready explanation for the rapid and luxuriant growth of vegetation, and the early maturity of Indian corn, and all the cereals which are so successfully cultivated in the climate and soil of Minnesota.

SPRING.	SUMMER.	AUTUMN.	WINTER.	DATE
March 21—June 8	June 9—Sept. 15	Sept. 16—Oct. 23	Oct. 24—March 30	148
March 20—June 4	June 5—Sept. 10	Sept. 21—Oct. 28	Oct. 24—March 30	157
March 20—June 1	June 2—Sept. 20	Sept. 21—Nov. 5	Nov. 6—March 19	134
April 1—June 10	June 11—Sept. 13	Sept. 14—Oct. 23	Oct. 23—March 31	160
March 15—June 1	June 2—Sept. 20	Sept. 21—Nov. 15	Nov. 16—March 14	119
March 20—June 4	June 5—Sept. 15	Sept. 16—Nov. 1	Nov. 2—March 19	138
March 15—May 18	May 19—October 1	Oct. 2—Nov. 20	Nov. 21—March 14	114

The division of the seasons of different sections of the

country into natural constants, or, in other words, with reference to the germination, development, and maturity of vegetation, has been made, showing the commencement and duration of the "leafing, flowering, fruiting, and dormant seasons." The foregoing table indicates the date of commencement and end of each season, with the number of days, duration of each, in the vicinity of the localities mentioned.

This table, while it shows that at this point there is ample time during the warm seasons for the growth and maturity of vegetation, at the same time corrects the misconception so universally prevalent of the enormous disparity in the length of the winter season here, as compared with other localities.

UNIFORMITY OF TEMPERATURE.

Notwithstanding the fluctuations of winter temperature are in the main less frequent and sudden in this interior climate than on the sea-board, yet the current reports of its unvarying uniformity at from ten to fifteen below zero, the mercury obstinately refusing to rise higher, are great exaggerations, as reference to our meteorological tables abundantly proves. Although uniformity is not characteristic of either climate, the range of temperature for both is limited to very different points on the thermometrical scale. While in the one (I refer now to New York and its vicinity) the mercury vibrates fitfully from point to point above, or from some point above to one below freezing, here its vibrations are from one freezing point to another; its more usual range being from fifteen below to fifteen above zero. It does not frequently, during the winter months, rise so high as the point of congelation; thus winter, having once resumed its sway, seldom relaxes its grasp until its icy fetters break before the genial warmth of returning spring.

That reports of the remarkable uniformity of the winter temperature of this climate have gained currency, is unquestionably attributable to the fact that, when its variations do not exceed the point above named, the inconvenience felt is so wonderfully slight, that the system scarcely takes cognizance of the change.

The following Meteorological Report, by the Rev. Dr. Patterson of St. Paul (to whose kindness I am indebted for much valuable information respecting this country and climate), conveys an accurate idea of its range of winter temperature:—

December, 1860.

Observations of the thermometer furnish the following results:—

	Degrees.
Maximum of month (8th).....	27
Minimum " (8th).....	19
Highest daily mean (8th).....	18½
Lowest " (8th).....	9
Greatest " range (11th).....	27
Least " (9th).....	4
Range of the month.....	56
Mean ".....	14.892°

January, 1861.

The thermometer, observed at 7 A.M., and 2 and 9 P.M., gave the following result:—

	Degrees.
Maximum of month (14th).....	36
Minimum " (24th).....	15
Highest daily mean (14th).....	31½
Lowest " (20th).....	9
Greatest " range (23d).....	26
Least " (11th).....	3
Range of the month.....	51
Mean ".....	9.645°

Snow was observed to fall on 18 days, to the amount of 11 inches. The reduction to water gave .55 of an inch.

In January, 1860, the amount of snow was two inches; water from melting, .10 of an inch.

February, 1861.

Observations of the thermometer at 7 A.M., and 2 and 9 P.M., gave the following results:

	Degrees.
Maximum of month (26th, 27th, 28th).....	41
Minimum " (7th).....	27
Highest daily mean " (28th).....	37½
Lowest " (7th).....	19½
Greatest " range (3d).....	35
Least " (15th).....	5
Range of the month.....	36
Mean temperature of the month.....	17 228
" " February, 1860.....	17 894
" " February, 1869.....	17 223

This comparison shows a remarkable uniformity of temperature.

The following table shows the maximum, minimum, and range of temperature during the winter months for two successive seasons, at Fort Snelling, New York, and Boston :—

MONTHS.	1855-6. FORT SNELLING.			1855-6. FORT COLUMBUS, N. Y.			1855-6. FT. INDEPENDENCE, BOSTON.		
	Max.	Min.	Range	Max.	Min.	Range	Max.	Min.	Range
December...	44	-90	77	52	14	38	52	7	45
January...	32	-84	64	36	-6	42	36	-5	41
February...	43	-81	73	40	4	36	41	1	43
	1856-7.			1856-7.			1857-8.		
December...	35	-15	50	47	4	43	54	13	41
January...	23	-35	63	36	-5	41	54	9	45
February...	42	-35	77	60	6	54	45	6	39

While these statistics show greater extremes of winter temperature at St. Paul than at the places above named, they demonstrate the facts which we have previously stated, that at those places its range is from some point above to one below freezing, while here, it is from one freezing point to another. From the statistics now cited the inference must not be drawn, that the extremes of temperature are greater here than for corresponding latitudes east; for such is not the case.

The following table shows the yearly extremes of temperature for three successive years at Fort Snelling, New York, and Boston:—

YEARS.	FORT SNELLING.			NEW YORK.			BOSTON.		
	Max.	Min.	Range	Max.	Min.	Range	Max.	Min.	Range
1855.....	96	-38	129	92	-6	98	98	-5	103
1856.....	95	-82	187	95	-6	101	98	-5	103
1857.....	91	-35	126	91	15	76	91	-13	104

The following table, showing the mean force of the winds at various places during the months of January, February, March, and December, in each year, for a series of years, is transferred from Neill's History of Minnesota.*

The showing of this table gives a smaller mean force at Fort Snelling than at any other point named, which may be owing to the fact that, during the cold winter weather, the atmosphere is very still. The prevailing winds at this point are westerly.

* In this classification 0 signifies a calm; 1 a barely perceptible breeze; 2 a gentle breeze; 3 a moderate breeze; 4 a brisk breeze; and so on to 10, which represents a violent hurricane.

Place.	Mean Force.										Whole number of years.	Mean Force whole term.
	1845	1846	1847	1848	1849	1850	1851	1852	1853	1854		
Fort Snelling, near St. Paul.	1 59	1 73	1 68	1 74	1 65	2 05	2 18	2 00	1 80	2 41	16	1 67
Fort Tumbull, New London, Conn.	2 58	2 85	3 11	3 40	3 41	3 93	3 81	2 45	2 16	2 45	7	2 67
Fort Hamilton, N. Y. Harbor	3 38	3 46	3 18	3 08	3 40	3 14	3 40	3 14	1 80	1 96	10	2 30
Fort Niagara, New York.	3 38	3 38	.....	.....	3 30	3 34	2 39	3 04	2 30	3 57	8	3 01
Plattsburgh, Plattsburgh, N. Y.	2 58	1 90	.....	.....	.....	1 46	1 54	2 19	.....	.....	5	1 90
Fort Sullivan, Eastport, Maine.	2 29	.....	.....	.....	.....	2 81	2 67	2 55	2 38	.....	5	2 43
Fort Castledon, Fortmouth, N. H.	2 44	.....	.....	.....	.....	3 18	2 58	2 70	2 65	.....	5	2 50
Albany Arsenal, Pittsburg, Pa.	2 18	1 63	2 08	1 96	2 06	2 20	2 15	2 74	2 61	2 55	10	2 90
Detroit, Harpers, Detroit, Mich.	2 52	2 46	.....	.....	1 73	2 11	2 32	.....	.....	.....	5	2 36
Fort Atkinson, Winnebago Co., Iowa.	2 68	2 97	1 70	1 90	2 55	1 45	1 41	2 08	2 07	2 80	2	2 45
Fort Leavenworth, Kansas.	2 80	2 19	.....	.....	.....	.....	.....	.....	.....	.....	10	2 09
Average force at all places...	2 68	2 40	2 15	2 17	2 37	2 32	2 30	2 39	2 23	2 30	.....	2 49

The following table designates the number of fair, cloudy, and stormy days for successive years at Fort Snelling, as compared with other stations:

PLACES.	Fair.	Cloudy.	Rain.	Snow.	
Fort Snelling.....	1856	923	143	46	26
".....	1867	831	194	83	26
Fort Columbus, N. Y.....	1856	177	189	78	17
".....	1857	191	174	69	16
Fort Independence, Boston*.....	1856	201	147	92	15
".....	1858	216	149	58	21
West Point, N. Y.....	1856	209	157	88	27
".....	1857	206	150	87	25
Fort McHenry, Baltimore.....	1856	224	143	78	25
".....	1857	191	174	76	14
Carlisle Barracks, near Phila.....	1856	241	125	69	30
".....	1857	214	151	70	22

If the brief period over which these statistics extend, can be considered a criterion by which to judge of fair weather, Minnesota does not suffer in comparison with other places. The early autumn here, like that of New England, is surpassingly fine and beautiful. The late autumn is frequently stormy and unpleasant. The transition from autumn to winter, which occurs the latter half of November, is wonderfully short and rapid.

The prevailing sentiment in the minds of those unaccustomed to dry seasons, which intuitively associates large bodies of snow with a northern latitude, the statistics of winter precipitation for this country most emphatically contradict, giving an annual mean of only 1.92 inches. Occasionally, during the month of November or March, a fall of snow resembling in dampness and weight an eastern snow

* Seventeen last days of January unobserved.

storm, visits this country, but such are not of frequent occurrence. Its winter storms are usually such as would not at the east be dignified by the name of snow storms, but are very fine, light, and dry, the snow being frequently insufficient in quantity to make good sleighing, and when melted, requires nearly double the number of inches usually reckoned, to make an inch of water.*

We cannot better close this article on climatology, than by citing the testimony of Lieut. Maury and Mr. Blodget, whose united investigations compass both land and sea:—"The assertion may, at first, appear unwarranted, but it is demonstrable that an area, not inferior in size to the whole United States east of the Mississippi, now almost wholly unoccupied, lies west of the 98th meridian and above the 43d parallel, which is perfectly adapted to the fullest occupation by cultivated nations. The west and north of Europe are there reproduced, with the exceptions caused by vertical configuration only; and, important as this feature of configuration is in giving us a lofty mountain boundary on the west, we may charge much of disadvantage to that account, and still have all that is here claimed—an immense and unmeasured capacity for occupation and expansion. By reference to the illustration of the distribution of heat, we see that the cold at the north of the great lakes does not represent the same latitude further west, and that beyond them the thermal lines rise as high in latitude, in most cases, as at the west of Europe. Central Russia, Germany, and the Baltic districts and the British Islands, are all reproduced in the general structure, though the exceptions here fall against the advantage, while there they favor it, through the influence of the Gulf Stream." Lieut. Maury remarks:—"The space that these two isotherms 45° and 65° comprehend between the Mississippi and the Rocky Mountains, owing to the singular effect of those mountains upon the climate, is larger than the space they comprehend between the Mississippi and the Atlantic.

"Hyetographically it is also different, being dryer, and possessing a purer atmosphere. In this grand range of climate, between the meridians of 100° and 110° W., the amount of precipitation is just about one half of what it is between those two isotherms east of the Mississippi. In this new country, west of it, winter is the dry, and spring the rainy season. It includes the climates of the Caspian Sea, which Humboldt regards as the most salubrious in the world, and where he found the most delicious fruits that he saw during his travels. Such was the purity of the air there, that polished steel would not tarnish even by night exposure. These two isotherms, with the remarkable loop which they make to the northwest, beyond the Mississippi, embrace the most choice climates for the olive, the vine, and the poppy; for the melon, the peach, and the almond. The finest of wool may be grown there, and the potato, with hemp, tobacco, maize, and all the cereals, may be cultivated there in great perfection. No climate of the temperate zone will be found to surpass in salubrity that of this Piedmont trans-Mississippi country."

As this paper has already exceeded the limits intended, we shall communicate, on another occasion, such observations as we have been able to make with regard to the modifying effect of this climate on disease, and more particularly the tubercular diathesis.†

RUSH MEDICAL COLLEGE, CHICAGO.—The annual commencement of this school was held on Feb. 5th, 1862, when the degree of M.D. was conferred on thirty-five gentlemen.

* Twelve inches of snow are usually reckoned to make one of water. It will be seen by glancing at the Meteorological Reports of the Rev. Dr. Patterson, above inserted, that twenty inches of snow, in Minnesota, are reckoned to make one of water, and the same gentleman informs me that this is the usual number required.

† The statistics which form the basis of this paper are mainly derived from Blodget's work on the Climatology of the United States, and the United States Army Reports.

TWO CASES OF EXOPHTHALMOS.

By F. J. BUMSTEAD, M.D.,

SURGEON TO THE N. Y. EYE INFIRMARY.

CASE I.—*Exophthalmos of Left Eye, dependent upon an intra-orbital tumor and attended with excessive pain.—Excision of the contents of the orbit, with temporary relief.—Subsequent death of patient.*

Henry Levi, aged two and a half years, came under my care at the N. Y. Eye Infirmary, April 17, 1861, for protrusion of the left eyeball. His parents, who were German, could give no account of the history of his case, but stated that the disease was first noticed some eight or nine months previously. Six months before his visit to the Infirmary, the child was brought to Dr. Post's clinique, at the University Medical College, and I am informed by Dr. John H. Hinton, who saw him at that time, that there was then no protrusion of the ball, but simply an abnormal growth, visible through the pupil, in the vitreous chamber. It would thus appear that the disease first commenced within the globe, and afterwards extended to the posterior part of the orbit.

The protrusion of the ball had come on gradually within the four months preceding April 17, 1861, and at this time was very considerable, amounting to about three-fourths of an inch. The lids were very much swollen, and tensely stretched over the protuberant globe, the conjunctiva chemosed, and the aspect of the child peculiarly unpleasant and even disgusting. The haziness of the cornea and the indolence of the child, prevented an accurate appreciation of the condition of the dioptric media. The sight of this eye was entirely lost; that of the opposite was unimpaired. The pain attending this affection was excessively severe; the child, moaning and crying during the greater part of the twenty-four hours, obtained but little rest, had lost its appetite, and was very much emaciated.

The history of the case left no doubt as to the diagnosis, viz. the presence of a tumor, probably of a malignant character, within the orbit. Moreover, the absence of aneurism was established by auscultation.

The experience of the Infirmary having shown that tumors of this character, if removed, almost invariably return within a short period, no encouragement was given to the parents to hope for permanent benefit from an operation; but they stated that they should be satisfied if the child could be relieved, though only temporarily, from its severe suffering. The removal of the contents of the orbit was, therefore, decided upon.

Operation.—Having placed the child under the influence of chloroform, I slit up the external canthus with a bistoury, so as to afford a larger palpebral opening, and freer access to the tumor. I then inserted a strong double ligature through the globe, so as to elevate it from its socket; made a free incision with the knife around the four walls of the orbit, and completed the excision of the whole orbital contents with the curved scissors, taking care to remove every vestige of the soft tissues. The hæmorrhage was less troublesome than had been anticipated, and was easily arrested by filling the cavity of the orbit with pieces of sponge, and applying a compressing bandage around the head.

Examination of the tumor.—The abnormal deposit was found to consist of two portions; one within the ocular tunica, the other posterior to the eye, and surrounding the optic nerve; the two appearing to have no connexion, unless through the optic nerve as a medium. The former, or ocular portion, in an antero-posterior section of the globe, was, upon one side, internal to the choroid and probably also to the retina, while upon the opposite side it was as clearly situated between the choroid and sclerotics; the former being diverted from the latter membrane in this part by, and losing itself in, the abnormal deposit. The latter, or post-orbital portion, extended backwards to near the optic foramen, and involved the optic nerves, the muscles, and other tissues, in an undistinguishable mass.

The deposit, examined under the microscope by Dr. Wm. H. Draper, was found to consist of fibro-plastic material, and no cancer cells could be detected.

Subsequent history.—The child was again brought to the Infirmary, May 17th, when the appearance had so much improved, that it was scarcely recognisable. It had grown quite stout, and, as its father informed me, was entirely free from pain, ate and slept well. There were no indications of a return of the disease; the cavity of the orbit could not, however, be examined, owing to the sinking in and adhesion of the lids.

June 14.—The appearance of the orbit was quite as favorable, but other symptoms of a serious character had supervened. The cervical glands posterior to the left sternocleidomastoideus muscle had become enlarged; the child was complaining of severe pain in the hypogastric and right inguinal regions, could not bear its weight on right leg, passed its water at rare intervals, and its penis was observed to be in a constant state of partial priapism.

The father was directed to bring the child again in a few days for further examination, but never came; and I subsequently learned that the child died early in July. The particulars of its death and the post-mortem appearances are unknown.

CASE II.—*Exophthalmos of both eyes, dependent upon a tumor at the base of the brain.—Death.—Autopsy.*

Lydia M. Herkimer, aged 13, came under my care at the N. Y. Eye Infirmary, December 6, 1858, for protrusion of both eyeballs. Patient has single, and her father double hare-lip. General health good, with the exception of otorrhoea of right external meatus, which persisted from infancy until within a few months, when it disappeared.

The protrusion of the globes was first noticed by her friends in August, 1858, and at this time patient began to experience intermittent attacks of pain in forehead, and bridge of the nose. Her sight soon afterwards became impaired.

Both eyes now protrude to such an extent, that the globes can almost be enucleated by retracting the upper and lower lids. Pupils dilated and inactive. Sight so dim that she cannot find her way about alone. She is constantly drowsy; sleeps much; and, her mother asserts, appears much more stupid than formerly. For the last few days there has been a thin purulent discharge from right nostril; and the respiration upon this side is obstructed. No aneurismal thrill or murmur can be detected by palpation or auscultation. No enlargement of thyroid gland.

Subsequent history.—In spite of various internal remedies that were employed (iodide of potassium, cod-liver oil, tincture of thuja occidentalis, sulphate of quinine, etc.) the disease continued to progress. The globes, in addition to their protrusion, became widely separated, so that the bridge of the nose appeared of an enormous width, and the patient presented a peculiar staring aspect. The right side of the nose became quite prominent, and a firm nodulated tumor could be seen in the right nostril. Several severe attacks of hæmorrhage also took place from this nostril. Another prominence was noticed upon the supra-orbital ridge, slightly to the left of median line, as if a tumor were projecting at this point through an opening in the frontal bone. The pain became excessively severe, and was sufficient to prevent sleep, although patient complained of constant drowsiness. No amelioration of symptoms followed, and death took place from exhaustion, July 13, 1859.

Autopsy.—Twelve hours post-mortem. Considerable oedema over os frontis.

Upon removing calvarium the dura mater covering the left anterior fossa of the base of the cranium was found to be elevated by a tumor beneath, and the left hemisphere of the brain, although separated from the tumor by the dura mater, which was intact, was in a state of putrefaction. Upon further examination it was found that the tumor occupied a bed formed at the expense of various bones of the face and cranium. So far as could be ascertained, its point of

origin was in the region of the ethmoid, whose cribriform plate and ossa plana had entirely disappeared. The commissure of the optic nerve could just be distinguished in a mass of putrefaction. The orbital plates of the os frontis were much eroded, and a circular opening was found, formed by the destruction of the internal angular processes of the last named bone and both nasal and lachrymal bones. With the exception of their bony walls, the orbits were not encroached upon by the adventitious deposit. Proceeding downwards, the tumor was found to have made for itself a passage, at the expense of the turbinated bones, the septum nasi and palate processes of the superior maxillary, as far as the mucous membrane of the roof of the mouth; so that one finger thrust along this track from the cranial cavity would meet a second finger introduced into the buccal cavity, with merely a layer of thickened mucous membrane intervening between the two. The opening in the bony palate equalled a twenty-five cent piece. Of the bones thus sacrificed in the growth of the tumor, only a few small spicula remained. The internal wall of the antrum on either side had also disappeared.

The adventitious deposit was a soft, brain-like substance, through which the finger could readily be made to pass with very slight resistance. A portion, which was reserved for the microscope, was unfortunately mislaid.

The extreme degree of the exophthalmos, in view of the fact that the contents of the orbits were not implicated; the extent of the adventitious deposit; and its predilection for bony tissue, were remarkable features in the case.

102 West 23d Street.

Reports of Hospitals.

NEW YORK HOSPITAL. INJURIES OF THE HEAD.

THEIR NATURE AND TREATMENT, WITH ILLUSTRATIVE CASES

By D. B. ST. JOHN ROOSA, M.D., and JAMES L. LITTLE, M.D.,
Resident Surgeons.

(Continued from page 152.)

DEPRESSED FRACTURE OF THE OUTER TABLE OF THE PARIETAL BONE.—RECOVERY.

VIII.—Martin Garrety, æt. 33, Ireland, laborer, admitted July 8, 1861 (Dr. Peters, attending surgeon). Patient, while in a fight, was struck on the head with the back of an axe. On admission was suffering from no cerebral symptoms, being able to walk to the ward. There was a scalp wound over the left parietal bone, and fracture of the skull, with a depression exceeding one-eighth of an inch. The scalp wound was enlarged by a crucial incision and a careful examination made of the fracture, which was found to be a double comminuted fracture of about an inch and a quarter in length. Patient's bowels kept freely opened. At the end of six weeks the depressed portions of the outer table separated and were removed. On examination the inner table of the bone seemed to be uninjured. The wound closed by granulation, and in two months from time of injury patient was discharged cured. It might be remarked in connexion with this case, that the only unpleasant cerebral symptom which showed itself was the frequent occurrence of frightful dreams; these, however, disappeared in the latter part of the treatment. We may also remark that a consultation was held on this case, and the question as to the elevation of the depressed fragment was discussed, but in the absence of all cerebral symptoms, it was deemed advisable to wait, and the subsequent history of the case showed the propriety of the decision.

COMPOUND FRACTURE OF FRONTAL BONE.—RECOVERY.

IX.—A man, æt. 38, Ireland, carman, admitted December 17, 1861 (Dr. Watson), a short time before was knocked off a hay loft, falling ten feet. Received a compound fracture of the frontal bone of right side, just above and a little external to inner extremity of superciliary ridge. External

wound lacerated; external table of bone depressed; pupils sluggish; pulse 90; mind clear. Has also a fracture of the right radius near wrist-joint. Did well, without bad symptoms, and thirty-eight days after was discharged cured.

COMPOUND FRACTURE OF THE SKULL AND OTHER INJURIES.—OPERATION.—DEATH.

X.—Patrick Herring, *set.* 40, admitted April 7, 1861, fell from the yard-arm of his ship and sustained a compound fracture of the skull, involving the frontal and parietal bones; he had also a compound fracture of the right femur, and a compound fracture of the right arm. An operation was performed by Dr. Buck, the attending surgeon, with the gnawing forceps, and succeeded in removing about twenty fragments of the right parietal and temporal bones. Patient revived sufficiently to answer questions intelligently. Thirty-six hours after the injury he died. No autopsy.

FRACTURE OF TEMPORAL BONE.—EPILEPSY.—DEATH.

XI.—A woman, *set.* 35, Ireland, servant, admitted Dec. 4, 1861 (Dr. Watson), was found on the sidewalk, apparently in an epileptic fit. This continued when seen by the surgeon. Scalp wound to right of occipital protuberance, somewhat circular in shape; being enlarged, no fracture was detected. In a short time she recovered from the epileptic seizure, and was conscious. She said she had been subject to epileptic attacks for a number of years. In a few hours another convulsion occurred. These were followed by others in rapid succession, continuing for three days, when she died. *Post-mortem* showed a fracture of the skull, beginning at a point about the middle of the squamous portion of the temporal bone, and extending very near the enlargement of the external wound. No depression of bone. Clot just below seat of fracture; also on corresponding point of opposite side. Had also a scirrhus tumor of posterior wall of uterus.

FRACTURE OF ETHMOID BONE.—FRACTURE OF THIGH.—DEATH IN TWO DAYS.—AUTOPSY.

XII.—A man, *set.* 29, Holland, seaman, admitted Dec. 25, 1861 (Dr. Watson), while leaning upon a barrel which was being hoisted through a hatchway, his support gave way, and he was precipitated forward, and fell a distance of about eighteen feet. Found a wound of brow and eyelid not seeming to connect with fracture; also a fracture of thigh; suffering from shock; pulse 100; surface cold; intellect dull; pupils sluggish. Rallied in a few hours. Became delirious the next day, but had intervals of quiet sleep; pulse 100 and weak; bowels moved, and ordered *hirod. medicinal.*, No. vi., to temples. Delirium subsided, but patient has become unconscious; pupils immovable; pulse 120. Died on 27th. *Post-mortem* found a fracture of the crista galli, depressed and comminuted, meningitis and encephalitis.

COMPOUND FRACTURE OF SKULL FROM DIRECT VIOLENCE.—OPERATION.—FUNGUS CEREBRI.—DEATH.—AUTOPSY.

III.—Mary Ann Webber, *set.* 27, England, married, was admitted December 5, 1861 (Dr. Buck, attending surgeon). Patient, while engaged in a domestic broil, was struck on the head with the edge of a hatchet. On admission she did not appear to be suffering much from the effects of the injury; her intellect was good; she was able to walk, and no symptoms of concussion were present. On examination an incised wound of about three inches in length and half an inch in width was seen, running diagonally across the left parietal bone; there was a corresponding cut through the bone, through which brain matter was oozing. There was also an incised wound of the left arm, produced by the same instrument.

At the visit of the attending surgeon it was deemed advisable to perform an operation, as from the character of the injury it was supposed that the inner table of the bone was fractured and depressed. Patient was etherized, and

an incision made transversely across the wound, and the four flaps raised. A portion of the bone was then removed by the rongeur forceps, and the inner table was found to be fractured more extensively than the outer, and a considerable number of loose fragments were removed, some of which were driven through the dura mater, and were deeply imbedded in the brain substance. The flaps were then brought together with sutures, and a slight compress applied. Forty-eight hours after injury.—Patient in good condition; no symptoms of compression; no paralysis. On the third day patient had lost the power of motion of right arm and leg; bowels kept free, and cold water dressings applied to the head. Fourth day.—Patient suffered from convulsive twitchings of the muscles of the left side of the face; these twitchings were not noticed in any other part of the body. A bloody fungous-looking mass of brain substance gradually protruded from the wound, pulsating synchronously with the heart; this was treated merely by cold water dressings. Coma gradually came on, and death occurred on the sixth day after the injury.

Post-mortem examination showed that the fracture involved the left and right parietal bones, and on the left side the fissure extended down to the base of the skull, involving the petrous portion of the temporal bone. A considerable quantity of blood was found in the vicinity of the wound, between the dura mater and the skull. The brain matter was much softened and disorganized, the laceration extending down to the left lateral ventricle. The ventricle on the opposite side was found filled with bloody serum. The surface of the brain was much congested. Other organs healthy.

The most interesting feature of this case was the slight amount of cerebral disturbance from such a severe injury. The edge of the axe had evidently buried itself into the brain matter down to the lateral ventricle. It also shows the necessity for an operation in such cases, as the inner table is more extensively fractured than one would be led to suppose from the external appearance of the wound.

COMPOUND FRACTURE OF SKULL.—COMPRESSION BY EFFUSED BLOOD.—RUPTURE OF MIDDLE MENINGEAL ARTERY.—DEATH.

IV.—A. J. F., *set.* 28, admitted January 1, 1862 (Dr. Peters). Patient, while engaged in a fight, was struck in the head with a cheese-knife, and afterwards with a club. On examination there was found over the left parietal bone a scalp wound, and a chipping off of the external table of the bone; a contused wound was also discovered over the right parietal bone, near the vertex, and further examination revealed a fracture of the bone with slight depression. At the time of admission patient was somewhat intoxicated, but conscious, answering questions intelligibly; he gradually fell into a comatose condition. Other symptoms of compression followed, and gradually increased until twelve hours after the injury, when he died.

Post-mortem examination revealed a fracture commencing in the right parietal bone, and extending through the temporal and right wing of the sphenoid to the base of the skull. About an inch of the groove for the middle meningeal artery was involved in the fracture. A large clot of blood weighing over four ounces ($\frac{3}{4}$ iv.) was found between the dura mater and the bone, resulting from a rupture of the middle meningeal artery.

COMPOUND FRACTURE OF THE SKULL.—PYEMIA AND DEATH.

V.—Winnie Collins, *set.* 30, Ireland, admitted September 22, 1861 (Dr. Parker, attending surgeon). Patient, while engaged in hanging clothes on a line, fell off a shed to the ground, a distance of about twenty feet. On examination a lacerated wound of about one inch in length was found, without any depression, over the right frontal eminence; further examination revealed a fracture of the bone. The limits of the fracture could not be made out through the wound. Patient was suffering from no cerebral symptoms. There was also a fracture of the right femur, and a small wound over the left knee. Cold water dressings were ap-

plied to the wound of scalp and of knee, and Dr. Buck's extension apparatus applied to the fracture. The day after the injury there was ecchymosis under the right conjunctiva. Patient progressed favorably until the twelfth day, when she had a severe chill followed by profuse sweating; these chills recurred daily for several successive days. The treatment was tonic in character—quinine, brandy, and beef-tea being given. The wound of the scalp appeared to be dry and glazy; the secretion of pus was changed to a thin ichorous discharge. Patient continued to sink, and died on the twentieth day.

Post-mortem examination ten hours after death.—On examination of the skull the fracture was found to involve the frontal, parietal, and right temporal bones, and also extending through the orbital plate of the frontal bone, without any depression. A collection of pus was found on both sides of the dura mater, under the right frontal bone, not circumscribed, and making but little pressure on the brain. Pus was also found in the cellular tissue about the neck, in the anterior mediastinum, in the knee-joints, and around the fracture of femur. No collections of matter were found in the lungs or liver.

COMPOUND FRACTURE OF THE SKULL.—DEPRESSION.—OPERATION.—DEATH.

VI.—Pat Conelly, *æt.* 35, Ireland, was admitted October 2, 1861 (Dr. Buck, attending surgeon), having received his injuries in an unknown manner. On admission to the hospital he was in a comatose condition; pulse 60, infrequent and slow; respiration stertorous. A scalp wound over the parieto-occipital suture was found, connecting with a depressed fracture involving the occipital and parietal bones.

Stimulating enemata were administered, and warmth applied. On the arrival of Dr. Buck, the attending surgeon, a portion of bone was removed with the rongeur forceps, and the depressed portion raised; the dura mater was found torn, and the brain substance lacerated. There was severe arterial hæmorrhage from one of the vessels of the brain, requiring the application of ligature. Patient survived six hours after the operation, and then sank. No autopsy was permitted.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, January 22, 1893.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

GASTRITIS FROM CORROSIVE POISON.

DR. BAUER exhibited the stomach of a woman who had recently died after a short illness under suspicious circumstances. She had left her home in the morning at ten o'clock, and returned at half past two, when she complained of intense thirst, and a burning sensation in the throat and stomach. She vomited incessantly, and had frequent stools. At half past nine p.m., she expired. At the legal investigation it was ascertained that she had committed suicide to obviate giving evidence against her husband, then in jail under indictment. The contents of the stomach—a bloody, semi-gelatinous fluid—had been chemically analysed, and the presence of arsenious acid detected. The inflammation of the stomach was most intense, involving, however, the mucous membrane only, which was softened, easily peeled off, thickened, and of a bright red color. About the cardia the inflammation was least, but at the posterior wall and near the pylorus the effects of the poison were most marked. At the latter place the mucous membrane was raised, being of a dark bluish color, and charred. The upper portion of the small intestine had participated in the inflammation. The peritoneum of the liver had been moderately inflamed, but the rest of the membrane intact. How long the poison had been in the stomach could not be

accurately ascertained, but not less than seven hours. Dr. Bauer presented also the uterus of the same woman, which showed a large oval cavity in the neck, instead of a narrow and more cylindrical passage. There were no evidences of impregnation present; the lower os was open, and the distension could not therefore be attributed to any mechanical obstruction.

EXPECTORATION OF DIPHThERIC CASTS.

DR. SANDS presented a membranous cast of the trachea, bronchi, and larger divisions of the bronchial tubes, which had been expectorated by a girl aged eleven years, who was attacked with diphtheria on the 20th instant. The specimen was sent from Dr. Kinch, of Westfield, N. J., to Dr. Parker, with the simple statement that on the fifteenth day of the disease, in a fit of coughing, the membrane was discharged. Subsequent to this the breathing became easier, but she refused to swallow anything, even water, and died in the course of the next two days. No post-mortem examination was made. The specimen was interesting, as illustrating the fact that the false membrane in such cases extended below the bifurcation of the bronchi.

DR. GARRISH referred to three or four cases, which had come under his notice, of false membrane extending into the bronchi. In all tracheotomy was performed, but of course without success. One of these occurred in the person of his own child, who was tracheotomized for croup six hours after the first symptom showed itself, and who died ten hours after the operation was performed.

DR. POST remarked that some time ago he made a post-mortem examination in a case that died of croup, in which the subject of tracheotomy had been considered, but the supposition that the membrane extended into the bronchi was so strong that the idea of an operation was abandoned. It was not, however, discovered until after death that the membrane was entirely limited to the larynx.

DR. SANDS had seen a case precisely similar to the one referred to by Dr. Post.

DR. PEASLEE, speaking in this connexion of the difference between diphtheria and croup, believed that the former was essentially a zymotic disease, and as such was to be distinguished from simple tracheitis. It was not necessary, in his opinion, that exudation should always be present in diphtheria, but when it did exist there were present also those symptoms accompanying croup, but with the important and formidable addition of the peculiar constitutional symptoms.

DR. PARKER thought it was of the utmost importance to decide between these two diseases, as a matter of treatment. It was easy to make a distinction between marked cases of either affection; but when the characters of each were more or less blended, it became very difficult, if not impossible, to draw a dividing line. He agreed with Dr. Peaslee in reference to the constitutional character of diphtheria as differing from croup, and was satisfied that the treatment of the two affections should vary accordingly. While in croup he had seen the best of results from the internal use of mercurials, mild anodynes, with heat and moisture locally, he was confident that in diphtheria, tonics were always necessary.

DR. NOYES mentioned the case of a patient who presented himself at the New York Eye Infirmary with a plastic exudation, simply upon the conjunctiva of one eye. Accompanying this deposit were all the constitutional symptoms of diphtheria, and the membrane itself was proved to be diphtheritic by a microscopic examination. The constitutional treatment was tonic in character, while the local applications were of a comparatively mild nature. The patient recovered with perfect vision.

DR. CONANT referred to a patient of the Demilt Dispensary, who had a diphtheritic exudation, covering completely the surface of a burn upon the arm. This case was also treated with tonics, and recovered.

ULCERATION OF OESOPHAGUS, ETC.

DR. LEWIS SMITH presented a specimen taken from a

child who died in the Nursery and Child's Hospital, at the age of eight months. His health had been good until the 28th of Nov. last, when he was taken with scarlet fever. This disease ran its usual course, and was rather mild. He was supposed to be convalescent on the 7th of the present month, when he was seized with vomiting, which continued for thirty-six hours. He was then in a state of great prostration, the pulse being 180 to 190 per minute. There was no change in his symptoms until death occurred on the 15th. On making the post-mortem examination slight vascularity was found in the larynx, but there was no thickening of the mucous membrane. The lower portion of the cesophagus presented a slate-colored appearance, and in the situation just above the cardiac orifice of the stomach there was found an ulceration about one inch in its widest diameter, extending almost around the circumference of the tube. The upper lobes of both lungs were in a slight degree emphysematous. A portion of the lower lobe of the left lung was partially consolidated, and of a red color, showing the pneumonic cell on microscopic examination. The stomach was considerably inflamed, especially towards its cardiac orifice; the intestines were healthy, the Peyerian patches being rather distinct; the liver weighed nine ounces, and was fatty; the kidneys were healthy. The point of interest in the case was with reference to the ulcer, whether or not it was the sequel of scarlatina. Dr. S. remarked that the pneumonic cell was first described by Dr. Clark. Its presence could be determined by the addition of acetic acid, when granular matter would collect in little masses, somewhat as in pus cells.

FRACTURE OF SPINE; PARAPLEGIA, ETC.

DR. FINNELL presented a portion of the vertebral column and bladder removed from a man who had sustained a fracture of the last dorsal vertebra, by the falling of a large quantity of earth upon him, while engaged in making an excavation. The fractured portion of bone projected back into the spinal column, almost completely severing the cord. Immediate paralysis was the result. It was necessary to use the catheter daily, from the time he entered the hospital, and about the second week he began to suffer pain in the hypogastrium; the urine became loaded with pus, and there was more or less incontinence. About the commencement of the third week a large slough formed upon the sacrum, and upon those prominent portions of the body which pressed most against the bed. He died at the end of the fourth week with symptoms of peritonitis. On post-mortem examination the anterior walls of the abdomen were found firmly adherent to the anterior wall of the bladder. The intestines in the neighborhood were also agglutinated by adhesions. The bladder presented well marked evidences of cystitis, but whether rupture of that viscus had taken place could not, on account of the surrounding adhesions, be made out. The patient was considered perfectly healthy before the injury.

DR. BAUER remarked that he had some time since come to the conclusion that paralyzed organs very rarely took on active inflammation. The case, however, seemed to be a very remarkable exception to a rule which he had almost considered absolute. He had seen patients with paraplegia fall almost every hour in the day, sustaining severe bruises, but they were never followed by active inflammation.

DR. POST remarked that the death took place sooner than was usual with cases of that sort. The most remarkable instance of bed sores that he had seen was many years ago. A sea-captain, thirty years of age, was attacked with spontaneous paraplegia at Antwerp, but his friends put him on board a sailing vessel for New York, and the voyage lasted fifty-two days. He was at the end of that time brought to the New York Hospital, with a bed sore over the sacrum, nearly six inches in diameter, extending fairly down to the bony parts. Over each trochanter was another sore of large size, deep, and cup-shaped.

DR. CONNOLLY stated, that the man on entering the hospital was remarkably healthy in appearance, and in giving

an account of his previous history, said that he had never before ailed anything.

There being no other specimens for presentation, the Society adjourned.

SURGICAL SECTION.

STATED MEETING, Feb. 28, 1902.

DR. JAMES R. WOOD, CHAIRMAN.

DISCUSSION OF DR. GEO. K. SMITH'S PAPER ON THE RELATION OF THE INSERTION OF THE CAPSULAR LIGAMENT OF THE HIP-JOINT TO INTRA-CAPSULAR FRACTURE.

(Continued from page 158.)

DR. POST said: Mr. Chairman, I rise for the purpose of explaining certain remarks which I made at a former meeting with reference to Dr. Smith's paper on fractures of the cervix femoris, and which Dr. Smith seems to have misapprehended. In the remarks which Dr. S. made at the meeting of the Section in January, he attempted to show that, in fractures of the cervix within the capsule, there were veins and lymphatics enough remaining in connexion with the upper fragment to account for the absorption of the portion of the neck connected with the head of the bone. I did not intend, in my remarks, to deny the possibility of absorption without previous union of the fragments, but to throw upon Dr. S. the burden of proving that, when union and interstitial absorption both occurred, the absorption preceded the union, and to show that there were some reasons for believing that the union preceded the absorption.

With regard to the objection which Dr. S. made to my classification of fractures of the neck of the femur as being intra-cervical and extra-cervical, as implying that the term extra-cervical as applied to fractures of the cervix involves a contradiction, I admit that the expression is not strictly correct; but it does not involve a greater error than the term extra-capsular fracture of the neck of the femur, as generally employed by surgeons, to indicate a fracture which is situated at the junction of the neck with the shaft of the bone, and not in the proper substance of the neck. In speaking of extra-capsular fractures Dr. Robert W. Smith says, "All extra-capsular fractures are, in the first instance, also impacted fractures, and all impacted fractures are necessarily accompanied by a fracture traversing some part of the trochanteric region. I have omitted no opportunity of investigating this point, and have now examined here and elsewhere upwards of one hundred specimens of the extra-capsular fracture, and have found in all without a single exception a second fracture traversing some portion of the inter-trochanteric space." Dr. Robert W. Smith gives a series of beautiful delineations of extra-capsular fractures, and in every one of them the fracture is at the junction of the neck and shaft of the bone, and is therefore properly extra-cervical. Cruveilhier's elegant and artistic delineations of extra-capsular fractures exhibit the same features. The fact is, that surgical writers, as far as I am informed, all describe these fractures substantially in the same manner. Intra-cervical and extra-cervical fractures are not simply bounded by the capsular ligament on one or the other side. Intra-cervical fractures are near the head of the bone, and extra-cervical fractures encroach upon the shaft. The two classes of fractures have each its distinct physiognomy, and it requires no accurate measurement of the attachment of the capsule to ascertain to which class a particular case may belong. The features of the two classes are as distinct as those of a man and of a baboon. In intra-cervical fractures the neck becomes shortened by absorption, and in extra-cervical fractures the neck is shortened by impaction. I have no knowledge of any cases of extra-capsular fracture which are not also extra-cervical. Whichever of these terms is used it is not strictly proper to speak of them as involving the neck of the bone, but long usage has sanctioned the expression, and it is difficult to abandon it. The same difficulty exists here as in the use of the terms external and internal ring, as applied to the two extremities of the inguinal canal. Surgeons still use

these terms as employed by the older writers, but are obliged to accompany them with the explanation that the internal ring is situated externally, and the external ring internally.

The meeting then adjourned.

American Medical Times.

SATURDAY, MARCH 22, 1862.

THE PUBLIC SERVICES OF PHYSICIANS, AS VIEWED FROM THE HALLS OF CONGRESS.

THE National Army, now numbering more than 600,000 men in the field, is said to have an estimated cash value of \$600,000,000 merely as a material instrument of war. But when regarded in their actual relations as citizens upon whose lives and labors are dependent the existence and the future prosperity of a great nation, such an estimate of the value of these 600,000 lives is multiplied many fold.

In the Halls of Congress this important question of life's value in the army, and, conversely, the physician's value, as the conservator of life and health, are being earnestly discussed. Homœopathy paraded its pretensions claims, backed by 35,000 petitioners; but impressed by some proper sense of public responsibility, both houses of Congress declined to recommend the hallucinations of Hahnemann to the army. And, for the gratification of our readers, the fact may here be stated that we have just been shown a neatly printed letter copy of our leading editorial of Jan. 18th, "*Homœopathy in Military Hospitals*," which we are informed was ordered printed and placed in the hands of every Member of Congress at the expense of a few public-spirited gentlemen, the very day that number of our journal was received at Washington. Such unanswerable testimony of facts contributed its humble share towards saving the army from the pressure of the host of homœopathic quacks who were just then uttering their bugbear boasts that General McClellan's life had been saved by hourly prescriptions *by telegraph* from the office of the prince of charlatans in New York. Whatever may be safe and to the popular fancy agreeable in domestic life, this vast and precious army had cost too much, and its manly strength was too important to be trifled with by pottering quacks.

Recently the subject of increasing the efficiency of the Medical Department of the Army has been under discussion in both houses of Congress. In the Senate the ball was opened by a protracted discussion, in which the reckless iconoclast, and the minds best balanced and most enlightened, met in earnest argument. The leading points under discussion were:—1st, What is the standing and merit of the regular Medical Staff? 2d, What the standing and the spirit of the volunteer corps of surgeons? 3d, Shall the proposed new law permit the meritorious members of the regular staff to be overslaughed by the volunteer corps, or by the most inexperienced of the staff, in appointments to inspectorial and sanitary offices? 4th, What shall be the assimilated military rank in the several grades and offices of the army medical service?

By all the more intelligent Senators the high professional

qualifications of the *regular* staff were affirmed, while for the better class of the volunteer surgeons it was claimed that in respect of large and varied experience, and special accomplishments, etc., they might be regarded as possessing advantages above those of the old staff; but the *esprit du corps*, the high average of qualifications, and the just claims of that staff to the few administrative offices which the new law creates were frankly conceded by the ablest Senators. Said Hon. Senator NESMITH, speaking upon the question of an amendment that would invite all sorts of men to the most responsible places:—

"I believe the adoption of this amendment will have a tendency to disorganize the medical corps of the army. It will deprive those who have devoted their time and attention to acquiring the necessary qualifications to become good Army Surgeons, of the proper promotion which legitimately belongs to the corps. I believe, further, that by throwing it open to the introduction of surgeons from the volunteer corps, neither the corps nor the army will be benefited. It is true, as has been stated on this floor, and as has been stated in committee, that there are a great many distinguished surgeons and assistant surgeons in the volunteer corps. I believe there are as able men there as there are anywhere, but I do not believe they are the class of men who should be selected for the high positions provided in this bill. Many of the gentlemen who are now brigade surgeons of volunteers, are gentlemen who have occupied high positions in medical institutions in the country, who have left a very fine practice, and a fine social position. They have abandoned all this merely *temporarily*, as they supposed, to confer a benefit on the country, and they have conferred great benefits on the country, and great benefits on the army. * * * These gentlemen desire and are anxious when the war is over to return to their former occupation, either to return to their professorships in medical institutions, or to return to the very lucrative practice which they have abandoned in order to accept their present positions. The adoption of the amendment now suggested will throw the medical corps of the army open to a very different class of persons—men who are empirics, quacks, politicians—persons who have never had social or professional position—mere politicians who can bring strong political influence to bear, and they would be the individuals to be selected. The President, of course, is not to be supposed to institute an examination as to the qualifications of these persons, and we all know how easy it is to get recommendations from Senators, from Members of Congress, and from persons of political influence, for offices of this kind. * * * I guarantee that if Esculapius, or Galen, the founders of medical science, were this day living, and were to come here themselves and make application, they would not get sufficient political influence to obtain these appointments."

Notwithstanding such cogent arguments from Senators NESMITH, RICE, WILSON, and BROWNING, the amendment was adopted by a vote of 26 to 16; and after further amendments, cutting down the rank of officers in the administrative department, the bill was sent to the House of Representatives, where for some days past it has been under discussion. In another column we give a copy of the bill as largely amended and reported by the Military Committee of the House.

From the character of the amendments, or, rather, the substitute reported in the House, it would appear that wise counsels are likely to prevail. The claims, obligations, and professional competence of the regular staff, are amply vindicated, and the paramount importance of the principle of special selection from that staff for all the higher *administrative* offices of the re-organized Medical Depart-

ment is boldly and justly asserted. With certain modifications in the details of that bill it will, most happily meet the exigencies of our Grand Army, and satisfy the long deferred wishes of the staff and the profession generally for the proper recognition and enlargement of the functions of the Army Medical Service.

The bill creates a special department of administrative and inspectorial service to be added to the central bureau; and it provides conditions of rank and pay adequate to the proposed changes. The selection of the Surgeon General, and ten other chief officers of the administrative branch of the service, is committed to the President, and that selection is limited to the regular staff. It appears to be supposed, that as the principle of selection is to be applied only in the limited class of appointments here named, the *esprit du corps* and thorough system of military subordination and relative ranks in the staff will not be seriously disturbed by the proposed innovation. This is an important question, and we believe that it would be settled to the entire satisfaction of the staff, if the new Act would provide that three of the most experienced members of the staff should serve as a council to the President concerning such appointments; or, what would be, perhaps, more practicable, if the Surgeon General, Sanitary Inspector General, and Assistant Surgeon General, were constituted an *ex officio* Council to designate the most competent and meritorious officers for the eight inspectorships, and to act also as a Council of Administration upon all the more important questions that come before the Medical Bureau. It is also due to the whole staff that the increased rank of the administrative officers should only be assumed and enjoyed during their continuance in the administrative department. These amendments can readily be adopted at the present stage of the medical bill, if the resident members of the Staff at Washington will suggest them.

THE WEEK.

THE Chicago *Medical Examiner* strongly urges the meeting of the American Medical Association next June:—

"We think there has been no time in the history of the country, when our Medical Societies, both local and general, could be more useful than at present. We are glad to see that such State Societies as have recently held their annual meetings, have been well attended. For ourselves, we can say to our brethren elsewhere, that we shall greet them in our goodly city with the greatest pleasure. We trust, the proper notices will be issued by the Secretaries and Committee of Arrangements, without delay."

We trust there will be no delay in issuing the official notice of the meeting. It is well stated that "there has been no time in the history of the country, when our Medical Societies, both local and general, could be more useful than at present." Questions of great practical interest have arisen since its last meeting which demand discussion and settlement. If we had any doubt whatever in regard to the propriety of this meeting, it would be as to the place; if it is very desirable, as is alleged, that "our southern brethren" meet with the Association, it might perhaps be well to hold the meeting at Nashville, Richmond, or Charleston.

AFTER the battle at Ft. Donelson, the Chicago Sanitary Commission sent eighteen surgeons to assist in the care of

the wounded. The citizens of Cincinnati contributed a large sum of money, and furnished a cargo of hospital stores, and a number of its most competent surgeons. These acts of generous care of the wounded relieve war of some of its most unpleasant aspects.

OUR city medical schools have all closed with appropriate ceremonies, graduating in the aggregate somewhat less than two hundred students. The valedictory addresses were given:—In the New York Medical College, by Prof. PERCY; in the University Medical College, by Prof. VAN BUREN; in the Bellevue Hospital Medical College, by Prof. ELLIOT; in the College of Physicians and Surgeons, by the President, Dr. DELAFIELD. The annual address before the alumni of the latter school was given by Dr. BROWN, of the Bloomingdale Asylum.

THE joint Committee of the two Houses of the New York Legislature have reported a Metropolitan Health Bill, which, though not what the most earnest friends of sanitary reform could wish in all its details, is still worthy of their cordial support. It contains the Metropolitan feature, it gives to the Board a predominant medical element, and abolishes all the existing combinations which go to make up our health organizations. If the measure proves defective it can be remedied hereafter; at present let us accept this bill, and unitedly strive to obtain its enactment.

THE following is a copy of the Bill for reorganizing the Army Medical Department, as amended from the Senate Bill, and at present under discussion in the House of Representatives.

S. 188. AN ACT [To increase the efficiency of the medical department of the army.] To reorganize and increase the efficiency of the medical department of the army.

March 11, 1862.—Read twice, and referred to the Committee on Military affairs.

March 12, 1862.—Reported back with an amendment in the nature of a substitute, ordered to be printed, and the further consideration postponed till Tuesday, the 18th instant.

AMENDMENT.—Strike out all after the enacting clause, and insert the following:—

That there shall be added to the present medical corps of the army ten surgeons and ten assistant surgeons, to be promoted and appointed under existing laws, twenty medical cadets, and as many hospital stewards as the surgeon general may consider necessary for the public service.

Sec. 2. *And be it further enacted*, That the surgeon general to be appointed under this act shall have the rank, pay, and emoluments of a brigadier general. There shall be one assistant surgeon general and one medical inspector general of hospitals, each with the rank, pay, and emoluments of a colonel of cavalry, and the medical inspector general shall have, under the direction of the surgeon general, the supervision of all that relates to the sanitary condition of the army, whether in transports, quarters, or camps, and of the hygiene, police, discipline, and efficiency of field and general hospitals, under such regulations as may hereafter be established.

Sec. 3. *And be it further enacted*, That there shall be eight medical inspectors, with the rank, pay, and emoluments each of a lieutenant colonel of cavalry, and who shall be charged with the duty of inspecting the sanitary condition of transports, quarters, and camps, of field and general hospitals, and who shall report to the medical inspector general, under such regulations as may be hereafter established, all circumstances relating to the sanitary condition and want of troops and of hospitals, and to the skill, effi-

ciency, and good conduct of the officers and attendants connected with the medical department.

Sec. 4. *And be it further enacted*, That the surgeon general, the assistant surgeon general, medical inspector general, and medical inspectors, shall immediately after the passage of this act be appointed by the President, by and with the advice and consent of the Senate, by selection from the regular medical corps of the army, without regard to their rank when so selected, but with sole regard to qualifications.

Sec. 5. *And be it further enacted*, That medical purveyors shall be charged, under the direction of the surgeon general, with the selection and purchase of all medical supplies, including new standard preparations, and of all books, instruments, hospital stores, furniture, and other articles required for the sick and wounded of the army. In all cases of emergency they may provide such additional accommodations for the sick and wounded of the army, and may transport such medical supplies as circumstances may render necessary, under such regulation as may hereafter be established, and shall make prompt and immediate issues upon all special requisitions made upon them under such circumstances by medical officers; and the special requisitions shall consist simply of a list of the articles required, the quantities required, dated, and signed by the medical officers requiring them.

Sec. 6. *And be it further enacted*, That whenever the inspector general, or any one of the medical inspectors, shall report an officer of the medical corps as disqualified, by age or otherwise, for promotion to a higher grade, or unfitted for the performance of his professional duties, he shall be reported by the surgeon general for examination to a medical board, as provided by the seventeenth section of the act approved August third, eighteen hundred and sixty-one.

Sec. 7. *And be it further enacted*, That all acts or parts of acts inconsistent with the provisions of this act be, and the same are hereby, repealed.

Correspondence.

EXCISION OF THE OS CALCIS,

ARTICULARY SURFACE OF THE ASTRAGALUS, CUBOID, AND TARSAL EXTREMITY OF THE FIFTH METATARSAL BONE, FOR CARIES.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Judging from the numerous reports of cases of conservative surgery scattered through the different periodicals of this country, the American surgeon justly deserves the credit of having, at least, assisted in extending the domain of that branch of modern surgery devoted to saving and restoration of diseased and mutilated portions of the human body.

The success thus far attained, fully attesting the merits of conservative surgery, has been so encouraging, and in many instances so little expected, as to leave no doubt that far more may be accomplished, and still greater triumphs achieved, by those who, relying on nature's inexhaustible resources, allow themselves to be guided by patience, perseverance, and gentleness, in their dealings with surgical cases. Trusting, as the true and rational physician is taught to do, to the vis medicatrix nature in the attendance of internal diseases, assuming to himself merely the office of minister and assistant, while leaving to her the full sway of her restorative energies, ever watchful of removing obstacles to her curative efforts, and always ready to assist her where assistance is needed, the surgeon for centuries past, unmindful of the golden precepts with which the physician as minister of nature approaches disease, has been too wont to disregard her recuperative powers, and to seek renown in mutilation and destruction. But thanks to the progress of the present age in science, and to the labors of those

who have devoted themselves to the study of nature's resources, his mission, through a more correct knowledge of surgical pathology, with an unlimited reliance in life's restorative power, has been greatly changed. The smiles of restoration now greet his path where formerly the despair of destruction followed him.

Considering it the duty of each one to give publicity to individual experience, when of interest (especially at the present time), of cases confirmatory of the success of conservative surgery—which extends over a vast field, new and but little explored—I hope it will be acceptable to the readers of your valuable journal to refer them, in connexion with the case of Dr. Bradford, reported Jan. 18, 1862, in the AMERICAN MEDICAL TIMES, to that of Dr. A. G. Walter, of Pittsburgh, Pa., which was published in the *Medical and Surgical Reporter* of Philadelphia, October 29, 1859, relating the complete restoration of a foot in a young woman of scrofulous constitution, with caries of the astragalo-calcanean articulation of many years' standing, by the excision of the os calcis, the articular surface of the astragalus, the cuboid and the tarsal extremity of the fifth metatarsal bone. The report says:—"More than three years now having elapsed since the operation, the heel is still full, plump, and rounded, a thick cushion of cellular and adipose tissues occupying the place of the lost calcaneus, the patient walking with ease, and without halt or lameness, wearing a common shoe, and being in the enjoyment of perfect health."

A SUBSCRIBER.

March 1, 1862.

DOMESTIC CORRESPONDENCE.

PHILADELPHIA.

March 8th, 1862.

THE first of the year brings, as usual, changes in medical matters as well as in everything else. Not the least important are the elections for the officers of the societies. We note a great change in the College of Physicians. The Secretary, Dr. Edward Hartshorne, having declined a re-election, has been succeeded by Dr. John H. Packard, whom you may have heard of by a translation of Malgaigne's Work on Fractures. This is about all worthy of note, as the other officers remain pretty much as for some time past, including the famous "building committee." By the way, they must intend to build, as they do talk of advertising for proposals, etc. *Nous verrons.*

In the Philadelphia County Medical Society, the election resulted in the choice of Dr. Alfred Stillé for President (Dr. S. is well known by his valuable work on Therapeutics, recently issued); Drs. Harry Hartshorne and Joshua H. Worthington for Vice-Presidents; the former, ex-professor of practice in the defunct Philadelphia and Pennsylvania Medical Colleges, now "Professor of Physiology and Hygiene" in the central high school of this city; the latter, chief physician to the Friends' Insane Asylum, at Frankford; Treasurer, Dr. Andrew Nebinger, and Recording Secretary, Dr. Wm. B. Atkinson, both re-elections; the latter was a quondam editor of the *Medical and Surgical Reporter* of this city, obstetric editor of the N. A. Medico-Chirurgical Review, and I believe at its last session, held a subordinate position in the obstetric department of the Pennsylvania Medical College; Dr. James M. Corse, Corresponding Secretary, formerly a lecturer at the Nurses' Home; Dr. A. H. Fish, Assistant Recording Secretary; and Dr. Geo. Hamilton as Censor for five years.

The Pathological Society still has Drs. John K. Kane, a brother to the Arctic explorer, and Dr. Packard, before mentioned, as its secretaries.

The Northern Medical Society, located in the extreme northern part of the city, elected Dr. Owen Osler as President; Dr. A. M. Slocum, Vice-President; Dr. Wm. B. Atkinson, Recording Secretary; Dr. Wm. Maybury, Corresponding Secretary; Drs. Atkinson and Saml. N. Troth, Reporting Secretaries; Dr. J. H. Smalta, Treasurer, and

Dra. N. L. Hatfield, J. Rhein, Joseph R. Bryan, Lewis P. Gebhard, and Charles Wittig, as Counsellors.

These are all the medical societies our city affords, the clubs, etc., not being entitled to the name, as the latter assemble, not to discuss medicine or disease, but oysters, coffee, and the etceteras.

Speaking of societies, I am informed that Dr. Atkinson, who has for many years filled the post of Secretary of the County Medical Society, purposes issuing this spring, a volume of the discussions held at the monthly conversational meetings. This is a move in the right direction. Much valuable matter has been lost to the world of medicine, for want of just such a publication; and I wish him success in the enterprise, though I fear he will scarcely pay expenses, let alone receive any pecuniary advantage by his efforts. Should it be successful, I understand that each year such a volume will be issued, including the debates at the conversational meetings from September to March of each year. This year, the debates were upon Puerperal Fevers, with a valuable paper by Dr. Nebinger; Infantile Remittent Fevers, by Dr. Winthrop Sargent; Variola, by Dr. John Bell; Veratrum Viride, by Dr. Atkinson; Nature and Art in the cure of disease by Dr. D. F. Condie; and the March debate will be upon Fever and Inflammation by Dr. Wm. Darrach. From the calibre of the men who opened the debates, valuable papers were expected, nor were their hearers disappointed, and the discussions were ably continued by many prominent members. The forthcoming volume is looked for with much interest, though, as no public announcement has yet been made, I am unable to say whether it will be offered to all, or merely to the members of the society.

To-day was commencement day at the "Jefferson," and the latter part of next week the same ceremony will take place at the University. Both having *slightly* reduced matriculating lists, expected rather small lists of graduates; their expectations have been more than realized. Under misfortunes cheer up, look at the bright side, as witness the newspaper remarks as to the increased advantages obtained by the students this winter, *the professors having more time to devote to each individual, etc., etc.* Bravo!

The long expected advance *being about to be made*, further deponent saith not. Our medici are on the *qui vive* about going to Washington for a few days. In consequence, the private committee alluded to in a former epistle, expect to have their list called for, but lo! it appears the governor or some other man of authority has taken it in charge, and private notes have recently been sent to certain persons, requesting to know if they will volunteer for two weeks, etc. What's to be done? All cannot go, nor would they be accepted; nor perhaps would they be required. I hope, none may be; and it could be so, if our army of the Potomac were similar to our glorious Western men, who are scaring the rebels so that they do not stop to fight. But a truce to this subject, for we correspondents of the press are under military law, and I may be emitting some *great secret*.

Yours, etc.,

A. M. LEON, M.D.

Obituary.

DR. A. V. WILLIAMS.

THE announcement of the sudden decease of the late A. V. Williams, M.D., on Friday, February 28th, brought sadness and desolation to many hearts.

Dr. Williams commenced his career as Resident Physician to the Bloomingdale Insane Asylum in 1823, which office he filled for several years. After his marriage he decided to pursue his profession in the immediate neighborhood of the Institution (the village of Manhattanville and

Bloomingdale), where he had, at this early period, many warm and devoted friends. For five and thirty long years, through storm and through sunshine, 'mid summer's heat and winter's snows, he has faithfully discharged the duties of his calling, and secured the confidence and love of the entire community. He was, indeed, "the beloved Physician." Time is not allowed us to enumerate the various offices which he has filled as a public-spirited citizen and philanthropist; this duty must be reserved for his biographer. He died of pleuro-pneumonia, contracted by exposure in the discharge of his professional duties; the attack proving fatal after five days' illness. His age was 60 years. His obsequies were attended at the village church of St. Michael's, on Sunday afternoon, when the tears of the multitude of his friends and patients bore testimony to their attachment, and of their grief at his departure.

Cut down in the strength of his manhood, and in the midst of his usefulness, how are we reminded "what shadows we are and what shadows we pursue."

"Mors sola fatetur, quantula est hominum corpuscula."

A.

DEATH OF DR. WILLIAM MURRAY.—At a meeting of the Board of Physicians and Surgeons of St. Vincent's Hospital, held in the Institution, March 8, 1862, Dr. James O'Rourke in the chair, the following preamble and resolutions were unanimously adopted:

Whereas, The Almighty in his inscrutable providence has seen fit to remove from our midst Dr. William Murray, a graduate of the University of Edinburgh, for thirteen years Visiting Physician, and late Consulting Physician to this Institution, therefore

Resolved, That we, the physicians and surgeons of St. Vincent's Hospital, deeply deplore the loss of our esteemed friend and associate, whose noble qualities of head and heart had endeared him to us in common with all those who knew him.

Resolved, That we attend the funeral of our deceased friend and associate, and wear the usual badge of mourning for thirty days.

Resolved, That a copy of these resolutions be sent to the family of the deceased.

Resolved, That the foregoing resolutions be published in the AMERICAN MEDICAL TIMES, and also in the daily city journals.

J. J. CONNOLLY, M.D., Sec'y.

Medical News.

EXPLOSION IN MINES.—By the appalling catastrophe at the New Hartley Colliery, accounts of which were daily, nay hourly, read with such painful anxiety, not only by those who were in some way connected with the mine, but by the public in general, no less than 215 men and boys, as sturdy and as healthy as any in England, after being imprisoned for some days in the bowels of the earth, were suffocated. Such a loss of life, from any sudden accident in Great Britain, has not taken place since the rebellion of 1745. We can only compare it to a battle-field after an engagement, or the scourge of that dire epidemic disease, cholera.—*Lancet*.

A Royal Commission has been appointed, including Dr. HEADLAM GREENHOW and Mr. P. H. HOLLAND, charged with the duty of inquiring into the condition of all the mines in Great Britain, with reference to the health and safety of persons employed.

LIST OF THE NAMES OF SURGEONS AND ASSISTANT SURGEONS APPOINTED TO THE VOLUNTEER REGIMENTS OF THE STATE OF NEW YORK, SINCE FEB. 20, 1862, AND THE CHANGES WHICH HAVE OCCURRED IN THE REGIMENTS IN THE FIELD FROM THE SAME DATE.

Feb. 25, 1862.—Hartwell C. Tompkins, M.D., Asst. Surgeon 61st Reg., vice Andrew Merrill resigned. Feb. 10.—Lawrence Reynolds, M.D., promoted from Asst. Surg. 24th Reg. to be Surgeon of 63d Reg., vice David E. Shanahan dismissed; A. D. Ruggles, M.D., Asst. Surg. 63d Reg., vice Michael G. Gilligan dismissed; S. Hiram Plumb, M.D., Asst. Surg. 24th Reg., vice Lawrence Reynolds promoted. March 7.—Nelson D. Ferguson, M.D., Surgeon 8th Reg., Cavalry, vice James Chapman resigned; C. H. Vaughan, M.D., Asst. Surgeon 96th Reg., March 8.—S. K. Welles, M.D., Surg. 61st Reg., vice Asa B. Snow dismissed; L. J. Marvin, M.D., Surgeon 97th Reg., vice W. D. Ferguson resigned.

E. & S. FOUGERA, PHARMACEUTISTS,

No. 30 N. William st., N. York, and No. 169 Atlantic st., Brooklyn,

GENERAL AGENTS FOR THE FOLLOWING PREPARATIONS:

AGENTS: T. METCALF & CO., BOSTON, MASS.; H. P. WAKELEE, SAN FRANCISCO, CALIFORNIA; E. L. MASSOT, St. Louis, Mo.;
, BALTIMORE, MARYLAND, ETC., ETC.

To be had also from the first class Drug Stores.

ALBESPEYRE'S BLISTERING TISSUE

This Tissue is always reliable, being of a uniform strength and blistering in six hours. It is neat, handy, economical, and of a great convenience for *Physicians* (principally country *Physicians*) *Pharmacologists*, and *Patients*. Generally used in the civil practice; it is the only one employed in the active armies and hospitals of France.

ALBESPEYRE'S EPISPASTIC PAPER, is used for maintaining blisters, in preference to any drawing ointments.

RAQUIN'S CAPSULES,

Approved by the French Academy of Medicine—Daily prescribed with success by the profession at large. These capsules are superior to any similar preparations.

GENEVOIX PURE OIL OF HORSE CHESNUTS.

This Anti-Gout preparation is among the numerous topical applications possessed by therapeutics, the best external remedy for Gout, Rheumatism, and Neuralgia.

N.B. It is very important, in applying this oil, to rub gently on the inflamed part, till the skin is completely saturated with the oil.

E. GENEVOIX, Pharm., 14 Rue des Beaux Arts, Paris.

BLANCAIRD'S PILLS OF IODIDE OF IRON.

Every physician, every work of medicine, regards the Iodide of Iron as an excellent preparation, uniting the properties of both Iron and Iodine.

Each pill contains one grain of Iodide of Iron, the dose is two to four pills a day. None are genuine which have not a reactive silver seal attached to the lower part of the cork, &c., &c.

BLANCAIRD, Pharm., No. 40 Rue Bonaparte, Paris.

BONJEAN'S ERGOTINE & DRAGÉES OF ERGOTINE.

Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of *Secale Cornutum*, minus its poisonous substance. In consequence, *Bonjean's Ergotine* may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of *Bonjean's Ergotine* is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

LABELONYE, Pharm., No. 19 Rue Bourbon, Villeneuve, Paris.

QUEVENNE'S IRON AND DRAGÉES OF IRON BY HYDROGEN.

Physicians desirous to have a faithful article, will prescribe *Genuine Quevenne's Iron*, which is always uniform and reliable, and quite different from the commercial Iron by Hydrogen.

It comes in small bottles, with a tin spoon containing two grains of Iron, which is a dose.

E. GENEVOIX, 14 Rue des Beaux Arts, Paris.

LEBEL'S SAVONULES OF COPAIVA, &c., &c.

The unfriendly action of Copaiva on the stomach, causing nauseous eructations and gastric derangements, renders its continued employment often impossible. In Lebel's Savonules, the Balsam, by its saponification with an alkali, is modified in such a manner, that its digestion is easy and its absorption more ready, besides its elegant form and disguise under a coating of gluten, recovered by sugar as a dragée, neither offend the sight nor displease the palate.

PIERLOT'S VALERIANATE OF AMMONIA, FOR NERVOUS AFFECTIONS.

This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia*, *Epilepsy*, *Convulsions*, *Hysteria*, &c., &c.

Dose.—Two to three teaspoonfuls daily.

PIERLOT, Pharm., 40 Rue Mazarine, Paris.

E. & S. FOUGERA, Pharmacutists, New York and Brooklyn,

GENERAL AGENTS FOR THE ABOVE PREPARATIONS.

N.B. PHARMACEUTISTS AND WHOLESALE DRUGGISTS will find it to their advantage to send for our new Price Current, in which the prices of Imported French Medicinal Preparations are much reduced.

BOUDAUT'S PEPSINE,

Successfully prescribed in *Dyspepsia*, *Gastralgia*, in slow and difficult digestion, in chronic diseases, and also to arrest vomiting during pregnancy.

Dose.—Fifteen grains in powder, two or three times a day, just before eating.

LABELONYE'S GRANULES OF DIGITALIS.

Each Granule contains one-third of a grain of Hydro-alcoholic Extract of Digitalis Purpurea. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations*, *Anasarca*, and *Hypertrophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

Dose.—Four to ten Granules daily.

LABELONYE, Pharm., 19 Rue Bourbon Villeneuve, Paris.

FRUNEAU'S ASTHMATIC PAPER.

This paper contains a determined quantity of Nitrate of Potash, Belladonna, Hyocianum, Stramonium, and it burns well, and its pleasant fumes near the patient, in a closed room, relieve immediately all oppression.

FRUNEAU, Pharm., NANTES, FRANCE.

E. & S. FOUGERA'S COMPOUND DRAGÉES OF SANTONINE.

These Dragées compound of Santonine and Jalapine are at the same time vermifuge and purgative—being coated with sugar they are pleasant to take, even for children. Each Dragée contains half a grain Santonine and one-fifth of a grain of Jalapine, with chocolate and coated with sugar.

Dose.—Ten to twelve a day for an adult, repeated three days.

GELIS & CONTÉ'S DRAGÉES OF LACTATE OF IRON.

Approved by the French Academy of Medicine.

The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis*, *Whites*, *Amenorrhoea*, and general debility. Each Dragée contains one grain Lactate of Iron.

Dose.—Two to three, three times a day.

PAULLINIA-FOURNIER.

Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia*, *Headache*, *convulsions of the stomach*, &c., &c. It is favorably spoken of by Drs. Troussseau, Pidoux, Grisolle, &c., &c.

No. 26 Rue d'Anjou St. Honoré, Paris.

E. & S. FOUGERA'S DRAGÉES AND SYRUP OF PYROPHOSPHATE OF IRON.

The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility*, *Anemia*, *Dyspepsia*, *Neuralgia*, and principally where a nervous tonic is indicated.

Dose.—Two to four Dragées, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with *Personne's Iodinised Oil*, than with cod liver oil. This oil is used in the same cases as cod liver oil. Dose.—A teaspoonful two or three times a day.

No. 19 Rue Bourbon Villeneuve, Paris.

Original Lectures.

LECTURES ON NEW REMEDIES AND THEIR THERAPEU- TICAL APPLICATIONS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.
By SAMUEL R. PERCY, M.D.,
PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.
LECTURE V. PART I.

THE ACTIVE PRINCIPLE OF COLCHICUM—COLCHICINA.

GENTLEMEN:—Colchicum has been examined by several chemists, but it is not yet clearly determined whether its active principle is an alkaloid or neutral substance. Those who first investigated its properties called it colchicia, or colchicine, and Oberlin gives the name colchicine. Pereira has adopted the name I have chosen, and I think it the best and most euphonious of them all.

History.—Pellatier and Caventou first demonstrated in 1820, that an active principle existed in the plant, but they supposed it to be identical with veratria; but to Geiger and Hesse, in 1833, is due the credit of first isolating the principle, in an impure state, and using it in physiological investigations. L. Oberlin (in *Comptes Rendus*, Dec., 1856) states that he has repeated the process of Geiger and Hesse, but was unable to obtain a crystallizable product. I have repeated the experiments of these gentlemen, but have obtained better results by adopting a process differing from either. Mr. J. E. Carter (*Am. Jour. Pharm.*, May, 1858) has adopted a still different plan, and whereas all who preceded him used the seeds, he used the cormus in making his investigations. The product which he obtained appears to be an alkaloid principle, and he gives numerous tests and reagents for its detection, but as I did not see his thesis until after my investigations had been made, and as I have never obtained any of the alkaloid of which he treats, I am unwillingly compelled to leave his principle for discussion at some future time.

Method of Preparation.—The process employed by Geiger and Hesse is as follows:—The seeds are macerated in alcohol, and the tincture obtained evaporated by a gentle heat, and during the process repeatedly decolorized; when sufficiently concentrated by evaporation, an excess of carbonate of soda is added, and the precipitate produced is separated as speedily as possible from the alkaline carbonate by expressing and treating with absolute alcohol. The alcoholic solution is filtered, decolorized, evaporated, and the colchicina allowed to deposit.

By this process L. Oberlin could not succeed in obtaining a crystallizable product. I have found by repeated experiments that this process of Geiger and Hesse produces a compound substance, which is uncrystallizable, and which consists of a resinoid substance in combination with the so-called alkaloid, or rather neutral principle. Oberlin obtained the substance which he calls *colchicina*, in contradistinction from the product called colchicin by Geiger, by treating their uncrystallizable product with water acidified with sulphuric or hydrochloric acids, and evaporating to a syrupy consistence; it is then thrown into water, and a yellowish white precipitate takes place; this is soluble in alcohol or ether, and crystallizes readily. He obtained the same product directly from the seeds, by dissolving the alcoholic extract in alcohol and decolorizing. The syrupy extract which remained after evaporation when dissolved in water, and slightly acidulated with sulphuric acid, gave rise to a flocculent precipitate. The liquid, when filtered and left for some weeks, produced warty acicular crystals.

I have repeated this process, but the result is so small, and so great a length of time is required, that I was led to adopt a different process. It will be observed that this

process of Oberlin divides the product of Geiger into two substances, a resinoid and a neutral.

The process that I had adopted for obtaining this principle is as follows. The seeds of the meadow saffron are ground in a coffee-mill, and mixed with about one-third their bulk of animal charcoal, the whole moistened with dilute alcohol, and placed in a percolator. The mass is allowed to stand in the percolator saturated with dilute alcohol for several days; percolation is then allowed to proceed, and dilute alcohol is added until it passes through nearly tasteless. This is concentrated by evaporation to about one-half, and then filtered. Magnesia is now added, and the whole precipitate collected on a filter and dried. The mass is then boiled in alcohol and filtered, treated with carbonate of soda until a precipitate no longer forms, but carefully avoiding an excess of the soda, and filtered at once. This gives a fawn-colored powder, which may, if required, be crystallized from very dilute sulphuric or hydrochloric acids. The amorphous precipitate should be rendered still lighter in color by repeated solutions in alcohol and precipitations by soda; but it is accompanied by great loss, as it is quite soluble.

Physical and Chemical Properties.—The product obtained by me, and which I have placed under the heading of Colchicina, is identical with the *colchicine* of Oberlin, but as I shall have by and by to treat of the physiological effects of the product obtained by Geiger, it will be better to speak of all under the one heading. It is not properly a salt, or if so is a very feeble one, and in its chemical properties should more properly be considered a neutral principle. It is very slightly soluble in cold water, to which it communicates a bitterness. It is more soluble in boiling water, which is rendered very bitter, but a precipitate takes place as the water cools. It is soluble in alcohol, ether, chloroform, and wood spirits, in all of which its taste is intensely bitter. It crystallizes in iridescent, pearly lamellæ. It is soluble in ammonia, caustic potash, and soda. It is not deliquescent in the air, and whether in the state of amorphous precipitate, or lamellæ, it remains unaltered. Oberlin found that the alcoholic solution was colored by the addition of bichloride of platinum, but that no precipitate was formed. Pure nitric acid dissolves it, and it acquires a very intense yellow color, which passes to violet, then deep red, and bright red, and returns to its original yellow color. He found also that concentrated sulphuric acid dissolved it, forming a solution of very intense yellow color, which it retained even after dilution with water. Hydrochloric acid dissolves it also with a bright yellow color. Acetic acid dissolves it, without alteration of color. He found also that it acquired a green color with perchloride of iron; but presented no change of color or turbidity with solutions of acetate of lead, nitrate of silver, perchloride of mercury, or infusion of galls.

Oberlin found its composition to be C 62.83, H 6.60, N 4.19, O 26.38. Pellatier considered this substance to be identical with veratria; but, independent of the many chemical tests, it may be distinguished from that alkaloid by the following properties:—A very small quantity of veratria causes intense sneezing, whereas colchicina produces no such effect. Colchicina is slightly soluble in water, to which it communicates a bitterness; it crystallizes also in pearly lamellæ; veratria has neither of these properties.

Physiological Action of Colchicina.—It is a very bitter and poisonous substance, even in very small doses inducing vomiting and purging. Geiger, who experimented with it on animals, found it to act as a violent drastic purge, causing convulsions and death from gastro-enteritis. One-tenth of a grain dissolved in weak spirits killed a young cat in about twelve hours: the symptoms were salivation, vomiting, diarrhoea, a staggering gait, cries, convulsions, and death; the stomach and intestines were violently inflamed, and had extravasated blood throughout the whole course.

Albers has also experimented with it on animals. He applied half a grain of the colchicin of Geiger under the skin of the thigh of a frog. After fifteen minutes the

breathing became laborious; after thirty-three minutes paralysis of the leg supervened, which in the course of an hour extended over the whole body, so that neither the skin nor the limb reacted on applying irritants; respiration ceased, but the heart continued to pulsate for nine hours longer. Repeated experiments gave similar results, and Albers concludes that:—1st, Colchicin acts specially upon the skin, considerably diminishing, and even entirely destroying its sensibility. 2d, Muscular activity is completely paralysed without preceding convulsions or spasmodic action. 3d, The heart does not share the paralysis of the voluntary muscles. 4th, The effects of colchicin appear only after a comparatively long time: the delayed effects of preparations of colchicin in diseases is hence explained.

Hoppe arrives, from his experiments on frogs, at the conclusion that colchicin first stimulates the activity of the heart, and that its after effects render it considerably weaker. That it first produces contraction of the bloodvessels, afterwards dilatation, and he thinks colchicin a special stimulant acting impulsively on the nerves of the vessels.

Aschoff observed the following effects from colchicin:—A pigeon, after one-quarter of a grain was administered, lost appetite, became drooping, had three evacuations, and died greatly emaciated on the ninth day. Half a grain was given to a rabbit two months old: after six minutes it showed great uneasiness, quickened and laborious respiration, paralysis, spasms, and death in seven hours. A grown rabbit died after sixteen hours, from two grains; while another recovered in three days from the same dose, after suffering threatening symptoms. One grain applied into a cut in the leg of a dog three months old, produced restlessness, whining, mucous stools, diarrhoea, and death in sixteen hours. Two grains dissolved in half a drachm of alcohol were applied with friction to the region of the kidney of a dog two years old: disinclination to take food, pulaceous excrements, contraction of the abdomen, vomiting, restlessness, diarrhoea, towards the last mixed with blood, and death in five hours. A lamb ten days old died after six hours, with phenomena similar to those observed in the cases of dogs and rabbits. A cat died in twenty-six hours from one grain. In one case of a dog six months old poisoned by one grain, fifteen grains of tannic acid were of no antidotal effect. The animal died seven hours after taking the colchicin. In a case of poisoning of a cat by one grain and a half, chemical analysis proved colchicin to exist in the stomach, small intestines, heart, lungs, liver, kidneys, and blood. According to *Aschoff's* investigations colchicin is an acrid, narcotic poison, producing inflammation of the stomach and intestines, as proved on dissection, and causing death on reaching the circulation.

Gustavus Bley administered one-eighth grain of colchicin to a cat three months old; anxiety, restlessness, vomiting, and diarrhoeic discharges followed, with spasms and death in six hours. Dissection showed inflammation of the oesophagus and stomach, and the heart was filled with black blood. To a grown rabbit were given two grains of colchicin in three divided doses; it passed considerable urine, lost all inclination for food, had very liquid discharges, vomited with much retching, and died in about seven hours. Dissection showed great congestion of the liver and kidneys, inflammation of the oesophagus and intestinal mucous membrane, black blood in the heart, yellowish liquid mucus in the stomach, and thin bloody excrement in the rectum. Three-quarters of a grain were administered to another grown rabbit, and two hours after fifteen grains of tannic acid in water; it was very restless, refused to take food, passed urine, and very thin alvine discharges. Soon after another dose of fifteen grains of tannic acid was given, and after six hours it again took food, and seemed after a few days to be recovered, but remained afraid of everybody. One grain introduced with a little water into the cellular tissue of a rabbit, killed it in an hour and a half. Dissection showed the intestines to be inflamed, liver and kidneys congested, dark blood in the heart, but the stomach and oesophagus healthy. *Bley*,

like *Aschoff*, demonstrated the existence of colchicin in the organism after death, and thinks that tannin may be tried as an antidote against its powerful poisonous effects.

Schroff made physiological experiments with colchicin on men as well as on animals. In one case one centigramme was taken, and the following symptoms observed. Taste very unpleasantly bitter, followed by disagreeable eructations, nausea with strong inclination to vomit, and increased secretion of saliva; these symptoms continued for several hours: the frequency of the pulse was reduced during the first two hours by eleven beats. In the second experiment, on the same person eight days later, two centigrammes were administered in a wafer, thus avoiding the unpleasant taste. The same symptoms appeared during the first four hours as those previously noticed. Afterwards there was increased nausea, great anxiety, unpleasant sensations; sleep was troubled and restless; about midnight repeated diarrhoea, and vomiting took place, which from time to time continued the next morning. Nausea, entire want of appetite, unpleasant sensations, and great tenderness in the abdomen, continued for four days. The stools were yellowish green, mucoid, and there was much tenesmus. A feverish condition was induced with chills, and succeeding heat, thirst, quickened pulse, headache, restlessness, and sleeplessness. The urine was like whey, with abundant white sediment. Not until the fifth day did these abnormal symptoms pass off.

Rabbits died in from nine to fourteen hours, irrespective of the dose. One decigramme (about a grain and a half) was the smallest dose, it killed within fourteen hours; and one gramme (about fifteen and a half grains) was the maximum dose administered, which killed in eleven hours. In general very violent purging followed a few hours after administration, and the animals died gradually exhausted, somewhat like death from aconite. In exceptional cases—most frequently when no diarrhoea had taken place—convulsions immediately preceded death, otherwise, however much and in whatever way *Schroff* irritated the animals, and acted on their organs of sense, no reflex spasms appeared. Most constantly enteritis was found, sometimes gastritis, and always thick, pitchy black blood filled the cavities of the left heart, and the ascending and descending aorta to the branches belonging to the brain, liver, and kidneys. Comparing the effects of colchicin with those of veratria, *Schroff* refers to the fact, that the former does not excite sneezing when applied to the nose, violent burning and pricking pain when applied to the skin, great irritation of the mucous membrane of the mouth, and intense salivation, all of which veratria does. Colchicin, it is true, induces vomiting, but only after considerable time, while veratria does so quickly. Colchicin almost constantly causes gastro-enteritis, which veratria does not. But the most essential difference consists in the absence of any special relation of colchicin to the spinal marrow; reflex spasms never appear, which do take place in so marked a manner after the administration of veratria. A striking difference between colchicin and all narcotics is the fact, that the increase of the dose of the poison has comparatively almost no influence on the hastening of death. Colchicin possesses, therefore, only the properties of an acrid poison, without any special action on the brain or spinal marrow.

(To be Continued.)

M. PRÉVAULT of Tours speaks thus of his personal experience of the antiphlogistic method:—"When eighteen years old, and a student at Paris, I was seized with an attack of acute rheumatism, and carried to La Charité, to *M. Bouillaud's* wards. Seven bleedings from the arm in four days, eighteen cuppings at the knees, *dûte absolue* for a week, mercurial frictions, blisters, were the treatment. However, the fever did not cease before the eighteenth day. At the end of a month, I left the hospital, and managed to reach my lodgings, which I could not leave again for a month; and I was a year before I was free from pain and stiffness in the joints."—*Brit. Med. Jour.*

Original Communications.

A SINGULAR CASE OF HEMIOPIA,

WITH REMARKS.

By CHARLES A. LEE, A.M., M.D.,

PROF. OF MATERIA MEDICA.

Two years ago last July Miss T—, æt. 16, attending a boarding-school, was instantaneously attacked with hemiopia while reading an essay before the school. Her face was observed to flush very much while reading, and the accident was at once discovered. I was requested to see her not long afterwards, and found her laboring under partial blindness of the right eye, obscuring one half the field of vision. Closing the left eye and looking directly forward, she could see just one half of any object, if presented immediately before the eye, viz. *the upper; the lower half being totally invisible*. The treatment, which was generally alterative, locally depletant, and revulsive, and continued for several weeks, produced no change whatever, and the vision is now as imperfect as the day the accident happened.

I believe that temporary hemiopia, affecting the right or left half of all objects, is not very unusual, as I have myself been thus affected at times, and known many others also similarly attacked. Sometimes it has been confined to one eye, but quite as often attacks both. But in all these cases the affection has been but temporary, passing off in the course of a few minutes, or hours, at furthest. The celebrated Dr. Wollaston was repeatedly attacked with hemiopia, as related by himself, in the Philosophical Transactions for 1824 (part i. p. 229), and he made the disease the basis of a theory regarding the "*Semi-decussation of the Optic Nerves*," published in the same paper. As his case is an extremely interesting one, especially in connexion with the morbid appearances of his brain, as disclosed at the autopsy (*Lond. Med. Gazette*, vol. iii. p. 293: *Lond.* 1829), no apology will be needed for quoting it at length, as well as two other cases which he has related:—

"It is now more than twenty years," says he, "since I was first attacked with the peculiar state of vision to which I allude, in consequence of violent exercise I had taken for two or three hours before. I suddenly found that I could see but half the face of a man whom I met; and it was the same with respect to every object I looked at. In attempting to read the name JOHNSON over the door, I saw only son; the commencement of the name being wholly obliterated to my view. In this instance the loss of sight was towards my left, and was the same whether I looked with the right eye or the left. This blindness was not so complete as to amount to absolute blackness, but was a shaded darkness without definite outline. The complaint was of short duration, and in about a quarter of an hour might be said to be wholly gone, having receded with a gradual motion from the centre of vision obliquely upwards towards the left. Since this defect arose from over-fatigue, a cause common to many other affections, I saw no reason to apprehend any return of it, and it passed away without any need of remedy, without any further explanation, and without my drawing any useful inference from it. It is now about fifteen months since a similar affection occurred again to myself, without my being able to assign any cause whatever, or to connect it with any previous or subsequent indisposition. The blindness was first observed, as before, in looking at the face of a person I met, whose *left eye* was to my sight obliterated. My blindness was in this instance the reverse of the former, being to *my right*, instead of the left, of the spot to which my eyes were directed; so that I have no reason to suppose it in any manner connected with the former affection. The new *punctum cæcum* was situated alike in both eyes, and at an angle of about three degrees from the centre; for when any object was viewed at the distance of about five yards, the point not

seen was about ten inches distant from the point actually looked at. On this occasion the affection, after having lasted with little alteration for about twenty minutes, was removed suddenly and entirely by the excitement of agreeable news respecting the safe arrival of a friend from a very hazardous enterprise."

We are not informed whether Dr. W. ever had any subsequent attacks of hemiopia, but he died about four years after this account was written, and it is stated that the *right optic thalamus* was of an unusually large size, and that on making a section of it, with the exception of a layer of medullary substance on its upper part, little or no vestige of its natural substance was perceptible. It had been converted into a tumor as large as a middle-sized hen's egg, of a greyish color towards the circumference, and harder than the brain itself, somewhat of a carious consistence, but in the centre of a brown color, soft, and in a half-dissolved state. This diseased structure was not confined to the thalamus, but extended to the neighboring portion of the corpus striatum. The right optic nerve, where it passes on the outside of the thalamus, was of a brown color, more expanded, and softer than natural. (*See Loc. Cit.*, p. 293) Whether any connexion existed between this pathological condition of the brain and the previous affection of the sight, cannot be determined with any certainty, although it is certain that "morbid alterations in the substance of the brain sometimes produce periodic diseases; and that certain additional causes of excitement operating upon an unsound brain will cause one or other of the functions of that organ to be for a time impeded, till the new cause ceases to operate, when the individual immediately returns to his former state of apparent health."

Dr. Wollaston has related, in connexion with his own case, two other instances of the affection in persons of his acquaintance, which are perhaps worth quoting. In one, a gentleman, after suffering severe pain in his head for some days, about the left temple, and towards the back of the left eye, his vision became considerably impaired, attended with other symptoms, indicating a slight compression on the brain. Dr. W. saw him at the end of three or four weeks, and found him laboring under hemiopia, which became permanent. In this case the blindness was in reference to objects situated to the right of the centre of view. "Fortunately," says Dr. W., "the field of his vision is sufficient for writing perfectly. He sees what he writes, and the pen with which he writes, but not the hand that moves the pen. This affection is the same in both eyes, and consists in an insensibility of the retina on the left side of each eye. *It seems most probable that some effusion took place at the time of the original pain on that side of the head, and has left a permanent compression on the left thalamus.*" This partial blindness has now lasted so long without sensible amendment as to make it very doubtful when my friend may recover the complete perception of objects on that side of him."

In another case, related by Dr. W., a person had been habitually subject to the affection for sixteen or seventeen years, *whenever his stomach was in any considerable degree deranged*. Here the blindness was invariably to the *right* of the centre of vision, affecting both eyes alike, and lasting about a quarter of an hour after eating, when laboring under indigestion, and then subsiding without leaving any permanent imperfection of sight. The pathology of this affection, as suggested by Wollaston, is highly rational and ingenious, if not wholly sound in detail. He assumes that, as the corresponding points of the two eyes sympathize in disease, their sympathy must arise from structure, and not from a "mere habit of feeling together;" that two corresponding points must be supplied with a pair of filaments from the same nerve, and the seat of a disease in which similar parts of both eyes are affected must be

* Dr. Wollaston was under the impression that the optic nerves took their rise from the *thalami nervorum optico-rum*; whereas it is now well known that they have their origin in the *corpora quadrigemina*, the optic lobes, tubercles, or ganglia.

considered as situated at a distance from the eyes, at some place in the course of the nerves where these filaments are still united. Hence, he inferred that the cord, which is called *optic nerve*, must be regarded as consisting of two portions, one of which comes from the right, and the other from the left thalamus: decussation thus taking place only between the adjacent halves of the two nerves: that portion proceeding from the right thalamus to the right side of the right eye, passing to its destination without interference; and in a similar manner the left thalamus supplying the left side of the left eye with one part of its fibres, while the remaining halves of both nerves, in passing over to the eyes of the opposite sides, intersect each other, either with or without intermixture of their fibres. It follows that an injury to the *left thalamus* would occasion blindness to all objects situated to our *right*, owing to insensibility of the left half of the retina of both eyes, and *vice versa*. But how is it, when, as in the case I have given, the *upper or lower half* of the field of vision is obscured, causing horizontal hemiopia? Is there any evidence that the two portions, of which each optic nerve may be regarded as consisting, remain distinct after they form the retina? Do not pathological facts, and anatomical and physiological experiments, show that diseases and injuries affecting one side of the brain produce amaurosis only in the opposite eye, instead of hemiopia in both eyes? Mackenzie has called attention to the fact that, as the optic nerves pass through the sclerotica and choroid, considerably nearer the middle line of the body than the centre of the globe of each eye, the two optic axes, which, if any two points deserve to be considered as such, are surely corresponding points, will not be formed by filaments from the same nerve, but from opposite nerves; and he thinks it more probable that the two portions, of which each optic nerve consists, mingle in the fibres, and then expand into the retina, so that the membrane in each eye should be regarded as a plexus, every point of which contains fibres derived from each side of the brain.

The best and most recent anatomical authorities represent the optic nerves as decussating with each other in such a manner as to form a connexion between the two opposite sides, as well as between each tubercle and retina of the same side. This is beautifully illustrated by a plate in Dalton's Physiology, where from each optic tubercle three different bundles or tracts of nervous fibres are seen given off; one set passing across transversely at the point of decussation, and turning backwards, terminates in the tubercle of the opposite side; another set, crossing diagonally, continues onward to the opposite eyeball; while a third passes directly forward to the eyeball of the same side; a fourth set of fibres, still, passes across, in point of the decussation, from the retina of one side to that of the opposite side. By this arrangement, then, we have the two retinæ, as well as the two optic tubercles, connected with each other by commissural fibres; while each tubercle is, at the same time, connected both with its own retina and with that of the opposite side. It is doubtless owing to these connexions, and this arrangement, that when, in the human subject, the eyes are directed in their proper axes, the two retinæ, as well as the two optic tubercles, act as a single organ, and that vision is single, though there are images upon the retinæ: double vision only occurring when the eyeballs are turned out of their proper direction, so that the parallelism of their axes is lost, and the image no longer falls on corresponding parts of the two retinæ; or in other words, the fibres which proceed from the optic ganglia to the retinæ, constituting the proper optic nerves, being composed of an external and an internal tract—the *external* on each side pass directly onwards to the eye of that side, whilst the *internal* crosses over to the eye of the *opposite* side; the distribution of the two sets of fibres in the retina of each eye respectively being such, that the fibres from either optic ganglion will be distributed to its own *side of both eyes*—the right optic ganglion being thus exclusively connected with the outer

part of the retina of the right eye, and with the inner part of the retina of the left eye, and the left optic ganglion being, in like manner, connected exclusively with the outer side of the left retina, and with the inner side of the right. Of course, as either side of the eye receives the images of objects which are on the other side of its axis, it follows that in the human subject, as well as some of the lower animals, each ganglion receives the sensations of objects situated on the opposite sides of the body. It has been suggested that the purpose of this decussation may be, to bring the visual impressions, which are so important in directing the movements of the body, into proper harmony with the motor apparatus; so that, the decussation of the motor fibres in the pyramids being accompanied by a decussation of the optic nerves, the same effect is produced as if neither decussated, as is the case with invertebrated animals in general.* In fishes, for example, as is well known, the optic nerves cross each other at the base of the brain, without any intermixture of their fibres; that from the right optic tubercle passing to the left eye, and that from the left optic tubercle passing to the right eye; the two nervous cords being totally distinct from each other throughout their entire length, being only connected at the point of crossing, by intervening areolar tissue. Of course, impressions made on the right eye must be perceived on the left side of the brain, while those which enter the left eye are conveyed to the right side of the brain. In birds, also, although the optic nerves are here united, and apparently soldered together at their point of crossing, yet the decussation of their fibres is nevertheless complete; the nervous filaments coming from the left side passing altogether over to the right, and those coming from the right side passing over to the left. Accordingly, if one of the optic tubercles be destroyed in a bird, complete blindness is at once produced in the eye of the opposite side; but vision remains unimpaired in the eye of the same side with the injury. The true explanation of the phenomena of hemiopia must, then, be found in the anatomical arrangement of the fibres entering into the structure of the optic nerves. Mackenzie very truly states, that if a tumor or excrescence were to press on the optic nerves immediately anteriorly to their union, the effect would be, according to the hypothesis of semi-decussation, to paralyse the inner half only of each retina. If, however, pressure were made on that portion of either optic tubercle whence those fibres originate which pass across transversely at the point of decussation, and turning backwards terminate in the tubercle of the opposite side; or if the effusion be located at that point whence the fibres originate, which, crossing diagonally, pass onward to the opposite eyeball; or at that part whence the fibres proceed directly forward to the eyeball of the same side, without any decussation whatever; or, as in the case already supposed, where pressure is made on those fibres which pass directly across in front of the decussation, from the retina of one eye to that of the opposite side, causing in this case paralysis of the inner half only of each retina; in each of the above pathological conditions supposed the phenomena will be varied according to the precise point on which the pressure is made. It would seem that the same effects would follow whichever tubercle, the right or left, was the seat of the pressure; but whether the right or left side of the retina, its upper or its lower portion, be paralysed, must depend,

* Carpenter has remarked (*Prin. of Hum. Phys.*, p. 717) that the singleness of the impression resulting from the formation of two pictures upon our retinæ is not attributable to the anatomical arrangement above pointed out; but that their combination is a *mental process*, and "the fusion of two dissimilar pictures is necessary to enable us to exercise one of the highest attributes of the visual sense, the perception of *projection*." If this be so, why is *perfect vision* possible with one eye; and why, when, by the pressure of the finger, or otherwise, we compel the image to fall in one of the eyes upon another, and, therefore, not symmetrical point, the object at once becomes double? The fact is, that each point of the outer portion of the retina of the right eye has its point of symmetry in an inner portion of the left, and when from any object rays fall on those symmetrical points that object will be seen single; if not, double. This exchange of symmetry, of course, concerns only the *lateral divisions*, for the upper portion of one eye corresponds with the upper portion of the other, and the lower with the lower.

of course, on the particular portion of the optic tubercle on which the pressure is exerted, or which becomes the seat of disease. When the hemiopia is seated in one eye only, we infer that that portion of the tubercle is affected, or the seat of pressure, whence those nervous fibres originate, which do not decussate, but pass directly forward to the eyeball of the same side. We thus, I think, have an anatomical explanation of the phenomena of hemiopia, which is entirely rational, and consistent with all that is yet known of cerebral pathology. In the case I have detailed it is undoubtedly very remarkable that the slight cerebral excitement, manifested by a temporary blush on the cheeks, should have resulted in a partial horizontal blindness of one eye, and that it should have continued unchanged for more than two years; showing either that absorption of the effused blood has not taken place, or, if it has, that the function of a portion of the nervous fibres has been lost by disuse, or disorganization, the result of long continued pressure: and those cases of functional or sympathetic hemiopia caused by indigestion, and lasting but a short time, are equally curious and remarkable. In these cases, so far as we have observed, the affection involves both eyes, but where it is owing to a permanent organic cause, as a clot, or pressure from effusion, it may be confined to one eye. The organic cause may be seated either, first, in the *retina itself*, which is liable to inflammation and congestion and their usual results, its functions being subject also to a partial or complete extinction, without itself evincing any change of structure, its sensibility alone being impaired or abolished; or second, in the *optic ganglia*, whence the optic nerves originate; or third, in the *optic nerves* themselves, in some part of their course, from the anterior part of the quadrigeminal bodies, along the thalami and the tubera cinerea, to the retinal expansion. The functional derangement of vision from worms in digestion, etc., may be accounted for, from the connexion of the retina with the par vagum, sympathetic, and other nerves. For example, branches from the great sympathetic may be traced upwards, from the first cervical ganglion, to the ganglion lodged in the cavernous sinus; whence branches proceed and communicate with the third, the first division of the fifth and sixth pairs of nerves; while branches pass from the cavernous ganglion directly to the lenticular ganglion; besides, as the internal carotid artery passes into the cranium, it is surrounded by the sympathetic nerves, which accompany all its ramifications, including the ophthalmic artery, and its branches to the choroid, iris, and retina; branches also of nerves proceed from the lenticular ganglion to the iris, giving off minute twigs in their course to the retina. Morbid states, then, of these nerves, or irritation of their expanded extremities on the gastro-intestinal membrane, may be reflected upon the optic nerves, or the retina, or iris, and derangement of vision follows.

After what has been stated it is unnecessary to speak of the predisposing or exciting causes of hemiopia, whether functional or organic, as they are sufficiently obvious. Nor need the principles of treatment be dwelt upon, as they are equally evident.

PENNSKILL, 1862.

ENORMOUS SACCULATION OF THE BLADDER.

By WM. WARREN GREENE, M.D.,
GRAY, MAINE.

I WAS called, Dec. 1st, 1861, to see Moses Burnett of New Gloucester, aged eighty-four years, who gave me the following history:—For six or seven years he had suffered from dysuria, being always obliged to strain a good while before passing his water. Three years ago last March he slipped upon the ice, and fell, striking directly upon the ischiatic tuberosities, at which time he "felt something give way" in the abdomen. Ever since this he has suffered more or less from pain and soreness in that region, and from an unnatural fulness of the bowels, which he first

noticed a few weeks subsequent to the fall, and which steadily increased. He did not remember the exact point at which the increased fulness first showed itself. The difficulty of micturition had been greater since the fall, and he could pass only a tablespoonful at a time. He had never been subjected to catheterism, and during a treatment of several months subsequent to the fall he was unable to realize any benefit from medicine. His family physician, Dr. Farnham, of New Gloucester, not being present, I had no benefit from his previous knowledge of the case, although the patient informed me that the diagnosis was "hydatids of the liver;" this opinion Dr. F. subsequently reported to me. Mr. B. was suffering especially at this time from severe epigastric pain and pressure, and it was for the relief of this that he consulted me.

Upon examination of the abdomen I found marked enlargement, but not by any means in a degree commensurate with the extreme tension upon palpation, and dullness upon percussion, which existed over the whole surface. Slight tympanitis at some points along the track of the colon was the only exception to perfect flatness on percussion. The parts did not present that regularity of outline which obtains in ascites, but curving upwards and to the right from near the symphysis pubis, and losing itself about midway between the umbilicus and the superior spinous process of the right ilium, was a well marked linear depression, into which the fingers could be laid. Above, and to the left of this, the abdominal surface was regularly protuberant, and fluctuated distinctly upon palpation. Below this depressed line, *i. e.* in the right iliac fossa, was a marked prominence, fluctuating distinctly, and quite tender on pressure. This was the only tender point upon the whole surface. At this point, too, the distance between the finger and liquid seemed less than elsewhere. There was no oedema, and the skin was everywhere movable over the tumor. By careful and repeated percussion I satisfied myself that there was a communication between the two portions of fluid on either side of the curved line referred to, but evidently not very free. An examination *per rectum* revealed great tenderness and enlargement of the prostate gland. I introduced a medium-sized catheter into the bladder with but little difficulty, and drew off perhaps a teaspoonful of healthy urine, and no more. I say the catheter passed *into* the bladder, but just as it apparently made its entrance it met with some firm obstruction. By turning the beak a little to the left (the patient's right) it passed a trifle further, but no more urine was obtained, the tenderness of the parts rendering any manipulation extremely painful; and the patient being so aged and feeble, I did not deem it proper to sound the parts as thoroughly as I should have done under different circumstances.

My diagnosis, as expressed to the friends, and Dr. Kilgore, of Windham, who incidentally saw the case with me, was encysted liquid, with partial bi-section of sac: but what was the exact nature or origin of sac or contents, I could not decide satisfactorily to myself. From the results of catheterism I inferred that the cavity of the bladder was nearly obliterated by external pressure from the morbid growth.

Telling the friends that nothing beyond palliation by anodynes could be done, that "tapping," which had been proposed and urged by members of the family, was not warrantable, I left the patient with the promise from the family of an opportunity of completing my diagnosis upon the cadaver, when death, which was evidently near at hand, should occur.

Dr. K., while he waived giving any opinion, agreed with me in the propriety of non-interference by operative procedure.

Death occurred Dec. 11th, thirty-six hours subsequent to which I made the autopsy, Dr. Farnham, of New Gloucester, present, and assisting. Dr. F. told me that he saw Mr. B. four days previous to death, and finding he had not urinated for thirty-six hours passed the catheter as far as possible into the bladder, "a very small amount" of urine

passing, after which any attempt to pass it further caused great pain, and considerable hæmorrhage. From that time to his decease no urine was passed.

On uncovering the body I noticed that there was some dribbling of urine from the penis, and that enough had escaped to saturate the clothes upon the parts. Also the abdominal tension seemed correspondingly lessened. Pressure upon the *right* hypogastrium increased the flow, while pressure upon the *left* corresponding region *completely arrested it*. I now passed a small-sized sound into the bladder, and found the same difficulty as in life; but by carefully deflecting the beak towards the right iliac fossa, with a little manipulation I succeeded, as ascertained by the finger on the surface, in passing it onward, and bringing it up to the point spoken of as being prominent, tender, and fluctuating. I now withdrew it, and directing Dr. F. to make firm pressure with the hand upon the *left* hypogastrium, I again introduced the instrument, and found it impossible to carry it by the point of obstruction with any moderate force, *till the pressure was removed*. I was, during this operation, careful to prevent the escape of urine, as also through the subsequent steps of the examination.

The abdominal walls were opened by a crucial incision, and reflected from the surface of the sac. This was accomplished with some difficulty, as numerous and firm adhesions existed between the peritoneum and cystic walls. Upon making a small incision into that portion of the sac below and to the right of the curved, depressed line, I found it to be the urinary bladder hypertrophied, and the curved depression the boundary between it, and an immense diverticulum, which completely filled the rest of the abdomen; crowding the line and stomach completely out of sight. This sac contained almost a gallon of limpid urine, by measurement, and I have since ascertained by careful experiment—I have the specimen in my possession—that it will hold a little more than a gallon. The hypertrophy of the bladder is confined principally to the posterior wall, the maximum thickness of which is one inch and a quarter, the internal surface resembling the columnæ carnæ of the heart. The communication with the diverticulum is by an opening upon the left side, four inches from the neck, about one inch and a half in diameter, having a regular outline, and smooth edges. The walls of the pouch are made up of a prolongation of the mucous and peritoneal tunics of the bladder, the muscular coat being wanting. The prostate gland is as large as a medium-sized orange.

The history of the case, both *ante-* and *post-mortem*, suggests the following explanation of the origin of the sacculation, and the symptoms to which it gave rise, viz. that the primary dysuria was caused by an enlarged prostate gland, combined, perhaps, with partial paralysis of the muscular coat of the bladder; that when he felt the bladder was distended with urine, and that by counter-stroke a breach occurred in the muscular wall of the bladder, allowing a small pouch of the mucous lining to protrude, the size of which sac would be constantly increasing under the accumulation of urine, and the violent expulsive efforts at micturition, which, weakened by the very condition they were increasing, were expended with very nearly the same force upon this point as upon the urethral orifice, and after reaching a certain size it made room for its further increase by carrying the bladder outward into the right iliac fossa; and, furthermore, after filling the whole abdominal cavity, crowding all its viscera into the concavity of the diaphragm, as fluids press in all directions alike, a certain amount of pressure was thrown upon the *left side of the bladder, below the points du départ* of the sac, thus forcing the vesical wall at this point down upon the vesico-urethral opening like a valve. And here, in confirmation of this explanation, I will state what I omitted in its proper place, that at the examination Dr. Farnham called my attention to an ecchymosed condition of the mucous membrane at this point, which was no doubt caused by the point of the catheter during life. Thus we have a clear explanation of the difficulty of catheterism, and although, in the light of an autopsy,

the case appears beautifully simple, yet I confess I do not see any possibility of establishing an accurate *positive* diagnosis in life; impossible as it was to sound the bladder, at least with any safety to the patient.

It is easy to conceive that, had this case occurred in a patient more youthful, or rather less aged and more vigorous, it might have afforded a painful paragraph in the literature of operative surgery.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, February 12, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

INFLUENCE OF CHRONIC PLEURISY ON THE DEVELOPMENT OF PHTHISIS; PNEUMO-HYDRO-THORAX; PERICARDITIS.

DR. AUSTIN FLINT presented a specimen of a heart, and remarked upon it as follows:—The patient from whom the specimen was removed I saw for the first time in Bellevue Hospital, the early part of September last. He gave then this history:—He had had cough, with some expectoration, for ten months, and during this time had had one or more attacks of hemoptysis. He, however, continued his work as a laborer, and while engaged in rolling a barrel, some three or four weeks before his entrance, he felt suddenly an acute pain in the left side, as if something had given way; His pain continued; there was dyspnoea on attempting to exercise, and he took to his bed for three days, then arose, and was able, with some difficulty in his breathing, to get about. When I saw him in September, he did not present a particularly morbid aspect, and was able to walk about with much difficulty. The left side of the chest was found to be dilated, and comparatively motionless on respiration, giving at its superior portion some tympanitic resonance, with flatness at the base. The heart was crowded to the right side, and succussion could be easily produced, making it evident that pneumo-hydro-thorax existed. On resuming my attendance, Dec. 1, not having seen the patient during October and November, I found him up, and able to take considerable exercise without much inconvenience. The left side of the chest was, however, still more dilated, yielding absolute flatness on percussion, with complete silence of all auscultatory signs. He remained in this condition for some time, but after a while the fluid began to accumulate, causing great distress in breathing. He was then very anxious to have the chest opened, but I objected to the operation, thinking that perhaps the removal of the liquid might lead to perforation of the lung, and renewal of the pleurisy. However, his sufferings increasing upon him so rapidly as to render his life in danger from suffocation, I consented to have the fluid drawn off. This was done by Dr. Sayre, in presence of the class. A free incision was made at the lateral and lower portion of the chest, giving exit to a large quantity of turbid liquid, which had a slightly fetid odor. The patient was very much relieved thereby, and for some time afterwards expressed himself as feeling very comfortable. On examination, however, the usual signs of perforation of the left lung were very evident; there being present amphoric voice, amphoric respiration, metallic tinkling, and tympanitic resonance. The opening, contrary to our intentions, closed, but soon after opened again, when sufficient fluid had accumulated. A constant discharge of fluid, similar in character to that already described, was kept up for two or three weeks, at the end of which time death took place by exhaustion.

I was not present at the autopsy, but perforation of the lung was shown to exist by inflation through the trachea with a bellows; air freely bubbled up through the liquid, in the chest. The left lung was very much compressed, and the right lung presented some emphysematous

lobules at its upper portion, and also some evidences of tuberculous deposit.

It was ascertained that the patient had had pericarditis. There was universal adhesion of the pericardial surface, though not very firm, except at one point, where there was quite an organized band. On the side where pneumo-hydro-thorax existed, at the summit of the lung, were a few old, small characteristic tuberculous excavations. In removing the lung a portion of the tissue of the organ in this situation was so fast adhered to the chest that it was left behind. Throughout all the other portions of the lung, there were no evidences of tubercle.

The points of interest in the case I suppose to be these:— In the first place, the occurrence of pneumo-hydro-thorax with pericarditis in a patient, who after a short time was able to take exercise without suffering. I think this is rare, although I have met with two or three cases somewhat similar. Another point in the case is the evident arrest of the tuberculous disease. There had evidently been, for some time before the death of the patient, and probably during the time he was affected with pneumo-hydro-thorax, no fresh deposit of tubercle. The tubercle that had been deposited at the apex had undergone its changes in the formation of cavities when the disease had undergone arrest. That fact is interesting to me in connexion with the impressions I have received, as the result of clinical observations, that the occurrence of chronic pleurisy in the course of tuberculous disease leads to the retardation of the latter affection.

DR. CLARK remarked, with reference to the last statement of Dr. Flint, that some fifteen or twenty years ago it was proposed to puncture the chest in cases of tuberculous disease of the lungs, and take the consequences in the hope of a cure by compression. He did not think that the treatment gained currency, although the practice was no doubt founded upon the same general observations as referred to by Dr. Flint. Dr. Clark had frequently noticed that the development of tuberculosis was retarded by compression of the lung.

VEGETATION ON MITRAL VALVE, HYPERTROPHY OF HEART, ETC.

DR. FLINT presented next a heart, taken from a female, set. 35, who recently died in Bellevue Hospital. She entered the Institution on the 10th of December, had had rheumatism nine years before, had suffered many years from want of breath on exercise, and had finally been affected with general dropsy a few weeks before her admission. When I saw this patient, continued Dr. F., she had anasarca with liquid effusion in the cavities, was suffering with dyspnoea, presented lividity of the prolabia and face. On examining the chest there was an extremely loud systolic murmur heard with its maximum of intensity at the apex, and propagated to the left as far as the spinal column, and even to the right of it. This was the only murmur that could be discovered. The heart was evidently somewhat enlarged, the apex beating in the sixth intercostal space on a vertical line with the nipple. The aortic first sound was feeble, the aortic second being quite intense. This patient failed rapidly, the dyspnoea became more and more urgent, the anasarca more extreme, and she died with that slow lingering death from apnoea. The urine, which was examined while the patient was under my care, presented no evidences of albumen, although it was said to have contained it at a previous time.

The heart when removed weighed twelve and a half ounces. The right ventricle is dilated and hypertrophied, the walls being three-eighths of an inch in thickness. Both the auricles are largely dilated. The walls of the left ventricle are not increased in thickness, and its cavity is not much, if any, dilated. This condition is somewhat unusual with disease of the heart inducing general dropsy and death. There was free regurgitation through the mitral orifice, and the enlargement of the other portions of the heart, viz. the two auricles and the right ventricle, is perfectly consistent with that condition of things. The right

cavities were filled simply with dark coagula, a fact which shows that the mere accumulation of blood in these cavities, the cause of death being paralysis, does not necessarily lead to the formation of ante-mortem clots. These latter in all probability depend as much upon the condition of the blood at the time as its mere stagnation.

The interesting point connected with this specimen is, not the contraction of the mitral orifice, which is common enough, but the presence of two vegetations of considerable size, one as large as a bean, the other somewhat smaller. The larger one is attached to the papillary muscle of the inferior curtain by what appears to be a small pedicle, which is a fractured extremity of one of the tendinous cords. The vegetation is produced, as I suppose, by the accretion of fibrine upon it. The other concretion is upon another tendinous cord which has not been fractured. These vegetations were so situated as to be pushed backwards and forwards by the direct and febrile currents, and being thus moved were very liable to be detached, and to have produced an embolus. It is easy to see if the vegetation had been found plugging up any of the arteries after death that the place of its original development could have been easily determined—especially if a portion of the tendinous cord were carried with it.

DR. CLARK asked if any of the tendinous cords were ulcerated, as it was rare that rupture occurred without such a pathological process pre-existing.

DR. FLINT had found no evidences of ulceration of the parts alluded to.

BRIGHT'S DISEASE SUCCEEDING DIABETES.

DR. ALONZO CLARK next exhibited a specimen of Bright's disease, and recited the following history of the case:—

A child ten years of age, was attacked with pneumonia a little more than a year ago. The disease ran its usual course, and the recovery was apparently complete. Two months after this it was noticed that the quantity of urine passed was very much greater than usual. The family physician, Dr. Linsley, had his attention called to this point, and very soon after asked me to see the girl with him. We examined her, and found that the quantity of urine passed during the day amounted to a gallon. Its specific gravity was 1036, and the quantity of sugar which it contained was very considerable; in other words, it was a case of diabetes. It went on as diabetes for several months, the quantity of water being diminished very much, and the quantity of sugar in it decreased while she was taking the alkalies pretty freely; and subsequently to that Champlin's cakes were recommended, this being while she was in the country during the summer. On the return to town in the autumn the mother had an objection to restraining the child to diet, and thinking it was hardly worth while to administer medicine, as it was an incurable disease, very little medicine was given. The physician at this time saw the child but little. During the latter part of its life she was allowed to eat cakes, candy, indeed almost everything. She retained her flesh very well. About a fortnight before her death it was noticed that she had a fever, and that the quantity of urine was diminished, and its color changed. I suppose it had lost the faint straw color that diabetetic urine usually has. The mother stated that it was less watery, and that it bore a bead a long time after it had been passed. On a Saturday night the mother noticed that this fever was more intense than it had been at any time previously, the child being very restless. Dr. Linsley early in the morning following found the pulse 140, with a great deal of restlessness, and in the course of the day invited me to see the girl; an interval of eight or nine months had then elapsed since my last visit. We found the pulse still up to the high figure referred to, and the face, which was a few days before rosy, was then pale, the nervous restlessness had not abated, and she had severe pain in the left side and chest, giving rise to the suspicion of pleurisy, which, however, did not exist. There was also a great deal of pain in the stomach, a little vomiting and disposition to stupor, with a contracted con-

dition of the pupils. The thought struck us that there must have been some change in the phase of the principal disease. There was no pneumonia present, though there was discovered some dulness at the base of the left lung with crepitation. A small amount of cedema about the feet and legs was also noticeable. At our next visit during the afternoon of Sunday, the crepitation and dulness had all gone, yet pain still remained. The same mental condition continued, though there was less moaning. The respiration had become very remarkably embarrassed by laryngeal spasm. In the meantime I obtained the urine, which had become about one-third less than it had been during the diabetic stage of the disease. It was found, in addition to the sugar it contained, heavily charged with albumen, granular casts being also in abundance. The specific gravity was 1020. Death occurred on Monday night, having been comatose only about three hours.

A post-mortem examination was granted by the parents, and all the organs of the body liable to be in any manner connected with the disease were inspected, with the exception of the brain and spinal cord. The kidneys were about the size of those organs in the adult, and were of a pale hue. Microscopical examination proved the existence of fatty degeneration; none of the uriniferous tubes contained healthy epithelium, and most of the cells were loaded with fat. The intertubular tissue was in a state of granular and fatty degeneration; in a word, Bright's kidney existed, though not far advanced.

We were interested in the examination of the other organs. Not a tuberculous grain could be found in one lung, and none could be felt in the other. The post-mortem examination also showed that the dulness and crepitation that were noticed at the base of left lung at the first visit on Sunday had left no mark; no pneumonia; no pleurisy; no abscess. The pain was doubtless due to a hyperæsthesia over the whole chest.

The liver we examined, and I reserved a small piece of it for microscopic inspection. There were two bands upon the surface, which gave unmistakable signs of fatty degeneration, but taking a portion which exhibited no particular marks, and examining it microscopically, I found it in a condition very similar to that described in the kidney. The cells were almost all of them fatty, and there was a certain amount of granular exudation in the tissues; whether this condition belonged to the diabetes or not I am unable to say. The liver was large for a child of her age.

The heart was about natural in size, and I was interested to know in connexion with this disposition to fatty disease in the kidneys and liver that there was some atheroma in the arteries, and that in the mitral valves were two spots of considerable size in which the atheromatous deposit was quite marked. These are the prominent features in a case which has interested me as the first one in which I have known of diabetes being converted into, or replaced by, Bright's disease.

I have no doubt that the child died of uræmia, but here was still sugar in the urine and the quantity of that secretion was large.

Dr. Bibbins remarked that, being a friend to the family, he had seen the child but a few days before death, and was much surprised, considering the beautiful color of the cheek, to learn that it had Bright's disease.

VALUE OF BRONZE SKIN IN DISEASE OF SUPRA-RENAL CAPSULES.

Dr. Clark presented a pair of kidneys, with suprarenal capsules attached, which had been sent him by Dr. Hogan of the New York Hospital. He had no detailed account of the case to give, it was sufficient to refer to a single point in that connexion:—A person was admitted into the New York Hospital with grave symptoms, and seen by Drs. Bulkley and Cock, was, on account of the bronzed discoloration of the skin, pronounced to have the mark indicated by Dr. Addison as attending disease of the supra-renal capsules. These organs, on post-mortem exami-

nation, were found healthy. This was among the many instances of exception to the rule laid down by Addison.

Dr. Flint had met with a case in the New Orleans Charity Hospital, of marked bronzing of the whole cutaneous surface associated with idiopathic anemia. The supra-renal capsules, however, were found after death perfectly healthy.

SCROFULOUS DISEASE OF THE EPIDIDYMIS.

Dr. Finnell exhibited a pair of testicles removed from a shoemaker, sixty-two years of age. About two years ago, when first seen by Dr. Finnell, he complained of pain and distress in both testicles to that degree as to prevent him from following his vocation. The pain was for the most part in the situation of each epididymis, and would not unfrequently shoot up the cord and occasion a good deal of distress in the lumbar region. On examination the testicles proved to be very little increased in size, but each epididymis presented a firm cartilaginous feel. Small doses of iod. pot. were prescribed, with an occasional anodyne, and relief from pain was afforded for a few months, when a small sinus formed on one testicle, to be shortly after followed by one on the opposite organ. Both discharged a small quantity of ill-conditioned pus. Becoming much annoyed by the pain and the discharge he desired relief by castration, and for the purpose of having the operation performed entered St. Vincent's Hospital. A consultation was held, and it was deemed inadvisable to interfere with the knife, but belladonna was prescribed internally and locally. His condition improved, and when he left the institution one of the sinuses had healed, and the diseased parts did not seem to have enlarged. During his stay, however, he was subject to frequent and imperfect micturition. No stricture of the urethra was discovered. He shortly after returned with an attack of acute pneumonia, of which he died.

On post-mortem examination both testicles were found healthy, but throughout the whole extent of each epididymis tuberculous matter was deposited; and in one of the organs a small cavity was found.

The society then adjourned.

CLINICAL INSTRUCTION IN SAN FRANCISCO.—The students of the Medical Department of the University of the Pacific will, in future, enjoy the benefits of clinical instruction to the fullest extent. The City and County Hospital, constantly filled with interesting cases, composing nearly every form of disease to which our coast is subject, is now open to them. The St. Mary's Hospital, under the supervision of the ever zealous and self-sacrificing Sisters of Charity, which bids fair to be one of the noblest and most prosperous institutions for the sick, will, as we are assured by one of the attending physicians, admit the class during the last half of the present session, and, after that time, continuously during future sessions. These, associated with the surgical clinics of the Pacific Clinical Infirmary, constitute an amount of bedside instruction seldom offered to medical students.—*San Francisco Med. Press.*

TWENTY-THIRD ANNUAL REPORT OF BOARD OF TRUSTEES AND OFFICERS OF THE CENTRAL OHIO LUNATIC ASYLUM FOR THE YEAR 1861.—This Institution, as our readers are aware, is located at Columbus, O.; Dr. R. Hills, Superintendent. The daily average number of inmates during the year was 262; the whole number under treatment was 421. The whole number discharged recovered was 107; improved, 14; unimproved, 33; died, 15. The whole number admitted from the opening of the institution until the end of the last year, a period of twenty-three years, 3857. The percentage of recoveries on all these is 51.87; on all cases recent when received, 71.32; on all cases chronic when received, 24.30. Thus it will be perceived that the chances of a cure are much increased when treatment commences when the case is recent. During the period of twenty-three years, of the whole number admitted, the disease was hereditary in 752 cases; periodical in 348; suicidal in 456; homicidal in 189.—*Cin. Med. and Surg. News.*

American Medical Times.

SATURDAY, MARCH 29, 1862.

PRACTICAL REMARKS ON THE MEASURES OF REFORM IN THE MEDICAL DEPARTMENT OF THE ARMY.

In looking over the discussions upon the several medical reform bills presented in Congress, we have been deeply impressed with the fact, that the leading minds of both Houses are anxious to do full justice to the regular Staff, and to give full credit for the meritorious services of our medical brethren of the Army, both regular and volunteer; but that, unless our Congressmen are met and guided by liberalized and enlightened suggestions from the regular Staff, the honor and welfare of that Staff, and the highest interests of the Army, are likely to suffer at the hands of an impetuous and patriotic majority that feel bound to take summary measures, if need be, to secure more effectual and prompt protection to the life and health of the people's Army. The claims of the regular Staff have been ably defended by leading Senators, and whenever that Staff expresses its approval of any adequate plan to meet the existing emergencies of the Army, it will be found that the sentiments that were so nobly expressed by those Senators will prevail. Said Hon. Mr. Rice:—

"We have a contract with the officers of the Army. When the Surgeons, Assistant-Surgeons, and all the officers of the medical corps came into the service, they abandoned all the civil pursuits of life, and came in under an implied contract that they should be benefited by promotions, etc." * * * These are new offices, I know; but we have no right, morally, to go into civil life to select gentlemen, or place them above officers with whom we have made a contract. * * * It is an innovation that has never been made in the Army, and I hope the door will not be opened now. I venture to say, that the best medical officers in the volunteer service would not accept these positions."

It is understood that the Sanitary Commission originally suggested the plan for the institution of the proposed new branch in the Army Medical Department, to be specially devoted to administrative and sanitary duties; and, as we have been informed, that Commission is unanimously in favor of having the chief officers of that branch, as named in the Bill, selected and appointed from the regular Staff. But, of course, in carrying out any effective plans for the better sanitary surveillance of camps and hospitals throughout the volunteer army, all the brigade and division surgeons of that army would necessarily become co-ordinate and co-operative with the new administrative branch of the regular medical department. And without the institution of such a branch, devoted to systematic sanitary inspections and administrative improvements, the brigade, as well as regimental surgeons of volunteers, will measurably fail even in their best efforts to meet the obligations they have assumed. As to the propriety and importance of having that branch of the service directed by officers of the regular Staff, who are experienced in military life, we do not think the point admits of a question. But the time is at hand when something must be effectually, if not most wisely, done to meet the exigencies of our rapidly advanc-

ing army; and if our brethren in the regular Staff do not devise some practical plans that shall be accepted by Congress, the direction of affairs in the medical department will be likely to fall into the hands of unworthy aspirants, to whom Senators HALE, FOSTER, and FESSENDEN would widely open the door. In the progress of the first Medical Bill through the Senate those gentlemen had it their own way. Said Senator FESSENDEN:—

"If you want good officers enlarge your circle. If you want the best men you can get—and you do want them—do not confine the selection to a little knot of men, but enlarge it, throw it open to the distinguished gentlemen who have volunteered and are in the service, and are competent to render the very best service in the line of their profession."

This kind of argument accomplished its purpose, and the Bill was amended accordingly. But, as we stated last week, the Military Committee of the House has been more conservative, and now the Staff may give success to the right measures. We pray the resident members of the Staff at Washington to make no delay in this matter, for unless they now show their hand, the popular cry of reform and change will break down all the safeguards of the Staff and the Medical Department. Some of the unhappy results that must follow the overthrow of the Staff are foreshadowed in the following remarks of the President's intimate friend, Senator BROWNING:—

"The only applicants that there will be from the volunteer service for promotion, and for the chief positions in this corps, will be the class characterized by the Senator from Minnesota, and the Senator from Oregon, as medical and political quacks; and it will subject the President to a degree of harassment and vexation that I am not willing to impose upon him, by this or any other Bill. There will be hundreds of men unfitted for the position bringing political influences to bear to get them into those places of honor and responsibility, to the great detriment of the service, when they can bring it no ability, no valuable service whatever. It will have a tendency to demoralize the Medical Corps of the Army. I am very sure that it is that class who will seek these appointments. There may be honorable exceptions, there may occasionally be a man of distinguished ability, and of eminent qualifications, in the volunteer force, who would desire to enter the regular service; but these instances would be exceedingly rare; generally the applicants would be that class of men who ought not to be promoted, and yet who could bring political influences to bear in aid of their promotion. * * * I am perfectly satisfied that the amendment (to make selections at large), if adopted, will be productive of injury, and not of good: opening the door to a scramble for the medical offices in the Army, just as there is a scramble going on constantly where there are offices to dispose of among politicians—unworthy men, men that are not actuated by patriotic motives, men urged forward by selfish considerations, without qualifications entitling them to the position."

It is not pretended that the members of the regular staff are superior to the best class of volunteer surgeons in ordinary professional knowledge and skill, but it is reasonably presumed that, in the more strictly military and administrative portion of the service, the former should have in its ranks the highest qualifications. And from the tenor of the discussions in Congress the old staff are manifestly, and to us it seems justly, to be held responsible for the duty of giving the proper system and efficiency to the entire medical service of the volunteer army. Crippled and depressed

from lack of military rank and authority though it has long been, still the old staff embodies more than one hundred officers, whose accomplished education and moral positions entitle them to a controlling influence upon all measures necessary for the medical and sanitary interests of the Grand Army. In this respect we believe the powers of the staff are competent even to correct the abuses and neglects that have crept into the volunteer medical corps. We are fully aware that the staff is already overworked, and that whole regiments of regulars are now in the field with only a single assistant surgeon of six months for their medical and surgical care. But it is just this of which the people and the profession justly complain. They demand that there shall be *no lack of the best medical services*. Whatever may be needed to this end the Government will gladly authorize, and the people will cheerfully pay for. Indeed, the people are impatient upon this subject, and we believe they have reason to demand better and more care for their noble sons in the volunteer army. Said the Hon. MR. BLAKE in the House of Representatives last week:—

"I have no doubt that the Army of the Potomac has been well and medically provided for; but it is not so as to the Western boys, who have been murdered by neglect. I have received letters from fathers and mothers beseeching me to have something done, so as to save the lives of their children."

It is to provide more effectually for the hygienic welfare of the forces in the field, and the thousands of sick and wounded in the hospitals, and to guard against neglect and abuses, that an inspectorial and sanitary department appears to be contemplated in the medical reform bills now under discussion in Congress. The regular Staff has the proper men to be put in charge of the new department. To hesitate or to be indifferent in the present effort to secure the needed enlargement and reform, would belie the noble character which that Staff has always sustained: it would dishonor the medical profession. With the skilled services of the ten specially selected and properly ranked officers of inspection and superintendence named in the new law, the Surgeon-General would be able speedily to silence censorious critics and a fault-finding press; whole regiments would daily be saved from sickness and added to the forces in the field, and at least a regiment a month might be saved from the grave!

THE WEEK.

We alluded a week or two since to the importance of establishing military hospitals in the vicinity of New York. A cogent argument is added to our representations by the circumstance that at the present moment a detachment of soldiers from the Burnside Expedition have arrived in this city, and are now lying in the Park Barracks, with no other comforts than such as are supplied by the citizens. It is a relief in such an emergency to learn that the Surgeon-General has taken steps to open such hospitals, and has commissioned Surgeons TENBROEK and McDUGAL, of the U. S. A., in conjunction with DR. SATTERLEE, Medical Surveyor at this station, to select the sites and buildings. To gentlemen so thoroughly familiar with their duties as are those composing this commission, we may confidently look for the early establishment of convalescent hospitals on some of the numerous sites overlooking the Hudson, which combine salubrity and beauty of scenery in an eminent degree.

In another column will be found a valuable contribution of facts relating to small-pox in the army, and also an excellent model as a form for their embodiment. It was presented to the New York Sanitary Association at its last meeting, having been received in response to a circular of queries, relating to the extent and sources of variola, which was sent to a large number of army surgeons by that association. A similar record of the facts of his regiment, prepared by each surgeon, would place us in possession of a mass of valuable statistics elucidative of many important points which are still in doubt. We commend Surgeon MITCHELL's tabulation to general imitation.

THE Homœopaths of Massachusetts publish in the *Boston Medical Journal* (which admits them in silence) the most absurd statement of their claims to public consideration, with the following remarkable propositions for adoption by Congress:

"1st. Whenever any considerable portion of the officers and soldiers of any brigade desire to have a homœopathic surgeon attached to the brigade, such additional surgeon shall be appointed

"2d. Whenever a majority in any regiment desire a homœopathic surgeon and assistant surgeon, such appointments shall be made.

"3d. Wherever army hospitals are established, a fair proportion of them shall be devoted to homœopathic treatment.

"4th. As allopathic surgeons are, by their education and position, necessarily disqualified for intelligently examining candidates in homœopathic medicine, an additional Examining Board shall be appointed for this purpose, composed of surgeons skilled in homœopathic medicine."

Surgical operations on homœopathic principles, of course, must be infinitesimal—a discouraging prospect for wounded men!

THE curse of an army is intoxicating liquors. Even the rebel leaders have made this discovery, and have suppressed the liquor traffic in the vicinity of their armies. The spirit ration is the great source of all this mischief; as long as that is continued, the flame is silently fed, and only waits a favorable opportunity to burst forth. The navy, it seems, suffers from the same evil. An intelligent surgeon in the navy writes from one of the gunboats:—

"If the spirit ration now given in the United States Navy could be abolished, it would undoubtedly result in a marked improvement in the efficiency of the service. At present the ration consists of one gill of whiskey a day to every man that desires it. It seems to be productive of no good, but in the majority of cases does immense harm, by exciting a strong appetite for rum, which when allowed full license on shore, leads to beastly excesses. The result is, the unfortunate returns to the medical officer, a victim of sexual disease, and to duty in a condition unfit for labor."

A SURGEON in the volunteer army, of great practical experience, writes from a distant field of service where he has had an opportunity to put into practice the precepts of military surgical authorities:—

"I conjure you in the august name of that humanity which should be identified with the title surgeon, to guard young surgeons against yielding to their eagerness to cut, and also to counsel against *primary* amputations, particularly in the thigh, when there is a large wound of the soft parts, combined with fracture of the bone. Of the three 'primary' amputations performed in my presence yesterday, the subjects died, one of them in the very act of the

operation. In each of these cases, with the rules of army surgery stated by the eminent army operators, fresh in my mind, I silently *dissented* from the practice."

THE actions of our army surgeons upon the field and elsewhere, during the present war, have frequently called forth the unqualified approbation of their professional brethren at home, but in no instance has so high a compliment been paid to their bravery, and their devotion to humanity, as is set forth in the following preamble and resolutions, offered by Dr. A. H. STEVENS, at the last meeting of the N. Y. Academy of Medicine:—

"Whereas, during the present unhappy war, many of our professional brethren in service among the combatants have risked their lives, or gone into voluntary captivity, rather than desert their sick and wounded, and have exercised their skill alike on friend and foe: therefore,

"Be it Resolved, That in such conduct this Academy recognises the true spirit which should ever animate the ministers of humanity, and in testimony whereof,

"It further Resolves, To welcome to its sittings those who have acted under these self-sacrificing and generous impulses."

IN MEMORIAM.

DR. A. V. WILLIAMS.

ANOTHER of our prominent medical men has passed away to his final reward. Dr. Abraham V. Williams, so long and favorably known both to the profession and to the public, died at his residence at Bloomingdale on Friday, the 7th inst., having reached his sixtieth year.

The memory of Dr. Williams claims something more than a mere passing announcement of his death. For more than forty years he quietly and unobtrusively discharged his professional duties in the neighborhood of this metropolis. To the requirements of a practice essentially rural, he carried a judgment as calm and as clear, and a discretion as large and as sound, as falls to the lot of the most accomplished urban physician. To these he added such genial manners, and so much unfeigned kindness of heart, that had Providence cast his lot in the more thrifty populated portion of the city, his success must have been unprecedented. In the chamber of sickness, his presence was enlivening as the rays of the morning sun.

Dr. Williams was a graduate of the University of the State of New York in the historic days when Post and Hosack and others were Professors. After graduating, he was appointed house physician to the New York Hospital, which place he held for the regular term. He afterwards married and settled in Bloomingdale, which was then some six miles out of the city. There he in time acquired a large practice, and eventually accumulated a competency.

With the malarial diseases of that region he became thoroughly conversant, to such an extent, indeed, that his opinions on such questions have been regarded for years as authority by the medical men of New York.

Trained in his youth in a school of gentlemen, Dr. Williams through life did honor to their precepts. He was refined and reserved in his manners, being unwilling to injure the feelings of others by an unkind or hasty word, and believing them incapable of any rudeness to him. In his domestic relations he was fortunate and happy; an affectionate husband, and a kind and provident father. His home was the abode of peace and quiet. Whatever gentlemanly instincts and refined taste could do to adorn it, was done. He surrounded himself with the rarest productions of nature, and the choicest works of art. Beautiful plants and exotic flowers grew around his dwelling, while rare books and paintings and statuary adorned its interior. The love of nature, which in his early years had enticed him away from the turmoil of the city to the quiet of a country residence, remained to the last fresh and green. Of the Audubons he was for years the tried and

trusted friend, and eventually he became connected to them by intimate family relations. Some of their finest pictures graced his walls.

In politics, the sympathies of Dr. Williams were with the masses, and he believed that men were naturally and from principle honest; and that though majorities may be temporarily misinformed, they will always in the end be found supporting justice and truth.

When a member of the Board of Aldermen, his amenity of disposition and unswerving integrity obtained for him the respect of his opponents, while his unwavering fidelity secured to him the love of his friends. In the Board of Education, the records will show him to have been uniformly on the side of progression and improvement—that his vote was always cast for any measure which he believed would benefit the cause of public education.

During his last illness these excellent and amiable qualities were well illustrated. For many years he had been a professor of religion and Churchwarden; and when the hour of his departure approached, *He* whom he had served during life did not forsake him in death, and he anticipated his great change with all that serenity and composure which religion alone can confer. To his wife he remarked that his disease was *pleuro-pneumonia*, a disease of great danger, but that only one side was affected; and that if he should live eight or ten days she might expect him to recover. His intellectual faculties were unclouded to the last; and even when in the final collapse, with skin relaxed and a fluttering pulse, he extended his hand to an old friend with a feeble but earnest welcome: "Doctor," he said, "I am glad to see you;" and these were his last words; in an hour more he had ceased to breathe.

The funeral, on the Sunday following his death, was largely attended by the medical profession and other friends of the family. The whole community feels his loss, and the best interests of humanity mourn. Yet we have one consolation in our sorrow.

The example which such men leave behind them for our imitation is of priceless value. May our young men follow in his footsteps, and may God in his mercy, in the lapse of coming years, send many more such men.

"The path of the just is as the shining light, which shineth brighter and brighter unto the perfect day."

V. M.

Reviews.

COURSE OF LECTURES ON THE PHYSIOLOGY AND PATHOLOGY OF THE CENTRAL NERVOUS SYSTEM, delivered at the Royal College of Surgeons of England, in May, 1858, by E. Brown-Séquard, M.D., F.R.S. 1860. Philadelphia. J. B. Lippincott & Co.

LECTURES ON THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS OF PARALYSIS OF THE LOWER EXTREMITIES, by E. Brown-Séquard, M.D., F.R.S. 1861. Philadelphia. J. B. Lippincott & Co.

THE study of nervous diseases, hitherto chiefly theoretical, has necessarily led to abstract and erroneous conclusions. No other study requires more positive researches to establish its fundamental principles; but the improvement in this, as in every other subject of such a complex science as Medicine, has been impeded by the want of such principles. This want is mostly due to ignorance of anatomy and physiology, which are absolutely necessary to interpret and properly apply the results of observation. Of the laborers in the field of neuropathology Dr. Brown-Séquard is one of the most capable and efficient in breaking away from traditional routine. Long devoted with unabated efforts and master skill to investigating the normal functions of the nervous system, he is perfectly well prepared to solve the difficult problem of its derangements without resorting to theories.

The lectures "*On the Diagnosis and Treatment of the Principal Forms of Paralysis of the Lower Extremities*," are a natural sequence of those "*On the Physiology and Pathology of the Central Nervous System*." Those minds which still look upon obscure questions of medicine as impenetrable mysteries, involving the curative art in doubt, and unaware that, whatever its purpose, art cannot exist but on true principles, will probably pass over these books as too speculative, and, therefore, barren; but certainly they must greatly misjudge them. They are replete with remarkable and accurate experiments which, combined with numerous pathological cases, most of them borrowed from different observers, directly trace the etiology of the nervous affections. The volume on the physiology and pathology of the nervous centres, places these subjects upon clearer and more positive grounds. It bears in its whole as its sequel the stamp of our anatomo-physiological school, which, unsoiled by the dust of tradition, and guided by true principles, has ever prevented that absurd distinction between a *theoretical* and a *practical*, or so-called *clinical* medicine. Both works, the fruit of mature learning, offer extensive matter for deep and useful reflection, and in their pages no common cause, nor any theory, whether plausibly ventured upon in order to answer the difficulty in every instance, has a place, unless sanctioned by combined experiments and correct clinical observation.

It is impossible for us here to enter into the analysis of all the particulars detailed by Dr. Brown-Séquard, in the lectures on the physiology and pathology of the central nervous system. We will merely glance at those striking points which shall enable the reader to form an opinion of their bearing. For this purpose it is necessary to alter the author's wise arrangement, condensing separately the physiological and clinical deductions. The valuable discoveries of many eminent physiologists authorized us in concluding that the true functions of each organ in the cerebro spinal axis was finally determined. Nevertheless, the facts put forward by Dr. Brown-Séquard, and the conclusions at which he has arrived, are quite opposite to many previously admitted views on this subject. Let it not be imagined, however, that the great discovery of Sir Charles Bell, concerning the distinction between the anterior and posterior roots of the spinal cord, has been upset by his worthy successor. On the contrary, the last objections urged against it are completely removed by Dr. Brown-Séquard, who proves that the pain attending the irritation of the anterior roots is not due to any sensitive faculty, but to a cramp produced in the muscles; and that the local movements sometimes induced after excitation of the posterior roots, are only reflex movements: the excitation going to the cord, and from thence to the muscles through the anterior roots. A change in the galvanic state of the muscle causes the pain in the first instance; and the greater the resistance to contraction, the greater the galvanic excitation of the nerves in contact with the muscles, which exist not when there is no resistance after the section of the tendon, as shown by Matteucci. These phenomena plainly account for the pains of the uterus during parturition, of the sphincter in fissure of the anus, of torticollis, etc. As a consequence, tenotomy of a contracted muscle at once diminishes the attending pain, or it completely disappears. Our movements seem likewise guided by that peculiar sensation we derive from the galvanic irritation of certain sensitive nerves of muscles while they contract.

One of the questions most thoroughly investigated by Dr. Brown-Séquard is the transmission of our impressions to the encephalon. He has entirely overcome the difficulty of experimenting upon the spinal cord, the main cause of disagreement once prevailing upon this cardinal subject, and gives us the following results of his researches:—Part of the anterior columns, and chiefly the central grey matter (not excitable in itself, though becoming so when inflamed), are in the spinal cord the channels of sensitive, as well as of pure tactile and painful impressions. The sensitive conductors from the trunk and limbs decussate in the central

gray matter shortly after entering either directly, or after going up and down a little way in the posterior columns, and most likely too, in the posterior part of the anterior columns. The arrangement is such that every small portion in the cord seems to contain conducting elements from all the points on the opposite side of the body: a disposition explaining the rarity of complete anæsthesia in diseases of the spinal cord.

The restiform bodies, a continuation of the posterior columns, and the cerebellum connected with them, do not receive any sensitive elements. Vivisections, and several instances of diseases in those organs, prove that no loss of any kind of sensibility takes place under such circumstances. Even in cases of absence, or total destruction of the cerebellum, sensibility has persisted; and it is particularly deserving of notice that diseases of the cerebellum, or its extirpation in animals, determine the want of co-ordination of movements by irritative influence upon the unaltered parts of the encephalon, and not on account of the absence of that nervous centre. The mass of evidence sustaining these facts overturns the theory of Longet and others, who believe that sensitive impressions are transmitted through the posterior columns, and that their place of decussation is in the restiform bodies. To destroy every doubt Dr. Brown-Séquard adds to many corroborative pathological cases on record the evidence of experiments, which prove that a transversal section of the posterior columns brings on hyperæsthesia, instead of anæsthesia, which is, however, complete, when all the cord but the posterior columns is transversally divided.

The grey matter of the spinal cord, besides serving as intermedial between the encephalon and the sensitive conductors, has also great share in the conveyance of the orders of the will, never passing through the posterior columns, and likewise traversing more through the cervical than the dorsal and lumbar regions of the anterior columns.

The posterior columns are the principal channels for excitations which produce reflex movements. An alteration in a small part of their extent does not impair these latter movements; but if it occupies all their length and thickness, or the whole of the lumbar swelling, it brings on a loss of the reflex actions of the limbs, and upon it impossibility of standing and walking. However, in bed the patient can move easily the lower limbs. The anterior columns everywhere, except in the upper part of the cervical region, have a large share in voluntary movements, the conductors of which chiefly decussate in the anterior pyramids. Above and below them there is no decussation of the voluntary motor-fibres of the trunk and limbs. This view, already advanced by Mistichelli, Pourfour, du Petit, and others, and now confirmed by the researches of Dr. Brown-Séquard, disproves the theory of Cruveilhier, Todd, Foville, Valentin, Longet, and other authorities, who admit the decussation of nerve-fibres all along the median line of the base of the encephalon.

(To be Continued.)

Correspondence.

AMAUROSIS BY INJURY OF THE SUPRA-ORBITAL NERVE.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In your issue of the 15th inst. is the record of a very interesting case of *amaurosis by injury of the supra-orbital nerve*, observed by Dr. HENRY D. NOYES. He considers this instance a direct proof that amaurosis may depend upon injury of the supra-orbital nerve; but not finding how to explain positively the filiation of the phenomena exhibited by the patient, he concludes that to connect them understandingly is certainly very difficult. However, from the details of the case, and from the accurate

examination of the eye with the ophthalmoscope, it seems evident that the real cause of the disease exists in a morbid reflex action of the supra-orbital upon the optic nerve, the patient having, therefore, *reflex amaurosis*.

That reflex actions are, more than generally suspected, the source of disturbances in nutrition and in functions of the same nervous system, is now a truth proved by the researches of Dr. Brown-Séquard and other physiologists. The eye is precisely one of the organs that gives the most evidence and the most frequent examples of this kind of derangement. Surgeons are well aware of the facility with which inflammation and other diseases communicate from one to the other eye. Besides, Morgagni, Deval, Notta, and several others, have recorded numerous instances of amaurosis from neuralgia. The coincidence of both diseases, the fact that the one yielded when the other was cured, or that section of the nerve between the place affected and the brain, abolishing reflex action, made also amaurosis disappear, convince that this latter could not be consequent but upon the morbid reflex influence exerted upon the optic nerve. Moreover, it is not only amaurosis which ensues on injury as well as on neuralgia of the trigeminal nerve. Notta observed twice a cataract produced in a healthy eye: one after a wound of the frontal nerve, and the other after neuralgia of the same nerve. Prof. Paul F. Ere of Tennessee, U. S., suggested the idea of the extirpation of a carious tooth to Dr. H. F. Campbell, in a case of ophthalmia, and the operation having been performed, the patient was at once cured.* Yet the reflex influence upon the eye may start from distant organs; therefore, the stomach, the uterus, the kidneys, etc., may be often the origin of the disease. Amaurosis, deafness, aphonia, have been immediately cured after expulsion of a tænia, and these, as the preceding facts, could not be otherwise considered than the reflex effect of the irritation upon the intestinal mucous membranes, or on the already mentioned organs. As in the beginning stated, the whole nervous system may be affected in a similar way, for paralysis, epilepsy, chorea, eclampsia, insanity, etc., may be seen as the result of such a morbid influence, likewise capable of determining the most remarkable changes in nutrition: as inflammation, gangrene, and other diseases of the skin, bones, etc.

The distant influence of an organ upon another is easily demonstrated in physiology—and the following experiment, due to Cl. Bernard, is one of the most evident proofs of such phenomenon. Four or five days previous to hatching, the crop, both in the male and female of pigeons, is covered with large papillæ, secreting a whitish liquid like milk. If one nerve pneumo-gastric, in a pigeon who broods, is divided two days before hatching, the bird abandons the eggs and afterwards dies. On examining the crop the papillæ will be found scarcely apparent on those parts corresponding to the divided nerve, whilst on the contrary they will be most developed on those supplied by the nerve lasting untouched. Now, could a reflex action be more striking? Nor could any other cause account better for the following phenomena:—secretion of milk brought by irritation of the womb or the vagina; menstruation by irritation of the mammæ; perspiration of the face after excitation of the nerves of the taste; the frequent appearance of a herpetic eruption supervening upon neuralgia of the nerves supplying the affected skin; paraplegia from affections of the lungs, the bowels, the genito-urinary organs, or any irritation on a sensitive nerve; and lastly, other kinds of paralysis, as well as of nervous derangements, arising out of peripheral irritations? May we not assert then fairly, that the case recorded by Dr. Noyes, so identical with those here mentioned, is one of *reflex amaurosis*, notwithstanding the opinion of Haynes, Walton, Müller, Sichel, and those who emphatically deny, without positive proof to sustain their absolute assertions, that amaurosis, when asso-

ciated with lesion of the nerves in the forehead, is due to coincident injury of the eye and of the optic nerve?

Yours, etc.,

M. GONZALEZ ECHEVERRIA.

NEW YORK, March 17, 1862.

INFLUENCE OF CONCURRENT DISEASES ON VACCINE VIRUS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The communications of Dr. Henry M. Lyman, on the *accidents* which may follow vaccination, published in recent numbers of the AMERICAN MEDICAL TIMES, have served to recall to my memory so vividly an "accident" of a different character, which forced itself upon my attention, and afforded so fine an illustration of the unchangeable nature of the vaccine lymph, that I am tempted to transcribe it for your perusal:—

In 1849 a gentleman and his wife, with a little daughter three years old, had apartments in a hotel on the Canadian side of the river, which they left in consequence of the breaking out of small-pox in the same hall on which this family resided. By request of the parents I vaccinated the little girl, the day after they came to Detroit, with recent and active virus. The formation of the vesicle progressed so naturally, and was attended with so much fever on the day for its culmination, that I supposed we had triumphed over the small-pox. At the request of an intimate friend of this family I inserted some lymph taken from this vesicle into the arm of one of her own family, supposing that the fever attendant upon the vaccine disease was incident to it, and not a symptom of variola, as it proved to be the second day after. When this eruption came out, the friends of both the little patients, as well as myself, became nervously anxious to know what would be the product of a vaccination done with lymph matured amidst the fermentation of a genuine variolous fever, just on the eve of producing its eruption. To our great gratification it proved to be only a benignant case of vaccine disease, running its legitimate course, and producing a virus which acted with ordinary mildness upon other persons.

Quite recently a similar conjunction of circumstances has enabled me to repeat as an experiment what the "accident" formerly gave me the means of taking note of. On a day that could be specified an inmate of St. Mary's Hospital was exposed to the contagion of small-pox. When this came to my knowledge, two days afterwards, he was vaccinated. The vaccine vesicle filled on the tenth day. On the twelfth, when the small-pox eruption was pretty fully out on the face, the vaccine vesicle was punctured, and the lymph which flowed transferred to the arm of a healthy adult. The effects produced by this lymph were such as we ordinarily see when the matter used is taken from an adult of a good constitution and in vigorous health. Others were vaccinated with the matter thus produced, in which cases there were no peculiar symptoms.

Not only such isolated facts, but the observations of forty years' familiarity with this subject, in epidemic seasons and in seasons of uncommon salubrity, in hospitals and in the private walks of professional life, have forced me to the conclusion that the *vaccine lymph* is *never* the medium by which other constitutional affections are transplanted from one person to another. There are seasons and states of the system not always dependent upon an epidemic constitution, when the crust, *after* the constitutional symptoms which developed the vesicle have subsided, may become vitiated by an imperfect pustulation, to which it is liable when the system of the subject is charged with the poisons characteristic of eczema, of typhoid fever, of erysipelas, of rubeola, or of syphilis. The putrefactive processes thus set up around the crust destroy the specific qualities of the vaccine virus, give origin to the unseemly scars that sometimes follow vaccination, and the matter thus developed or transformed may produce constitutional effects not germane to the vaccine disease, and such as the

* For this and other analogous cases proving the influence of reflex action on the production of many diseases, see Dr. Brown-Séquard's Lectures on the Physiology and Pathology of the Nervous Centres. Phila. 1860, p. 151 et seq.

lymph would not have occasioned if used before the disease engendering it had passed its point of culmination.

As before stated I have used, without the production of any untoward result, vaccine lymph taken from a vesicle surrounded by the small-pox eruption. I have tried it when the measles had come out fully, before the desiccation of the vesicle commenced, with a like happy effect; and in one single instance I have used a vaccine crust, that was dried under the pungent heat of scarlatina, without any effect whatever, as if its vitality had been destroyed by the intensity of the poison of scarlet fever.

If care is taken to reject those crusts around which there has been no pustulation, and which have not been increased in thickness by secondary exudations, absolute immunity from blame for pathological hybridism may be claimed by the crust as by the lymph of vaccinia.

Yours, etc.,

Z. P.

DETROIT, March 17, 1862.

Army Medical Intelligence.

REPORT ON VACCINATION OF THE EIGHTH PENN. CAV.

	Total.	Prior to entering the Regiment.								Vaccinated after entering the Regt.
		Vaccinated but once.	Re-vaccinated.	Inoculated.	Vaccinated unsuccessfully.	Not vaccinated.	Not vaccinated, but had variculous disease.	Re-vaccinated, and had variculous disease.	Inoculated, and had variculous disease.	
Field and Staff	14	9	5	0	0	0	0	0	0	0
Company A.	78	52	15	1	4	6	0	3	0	8
" B.	95	61	20	0	2	9	3	0	0	0
" C.	81	64	11	0	0	2	4	1	0	11
" D.	86	61	17	0	0	2	6	1	0	7
" E.	71	55	8	0	0	7	1	1	0	10
" F.	90	77	12	0	0	0	1	1	0	3
" G.	95	74	12	0	0	9	0	0	0	4
" H.	95	77	15	0	0	1	2	1	0	6
" I.	87	70	13	0	0	3	1	1	1	14
" K.	95	75	17	0	0	3	0	0	0	6
" L.	72	46	18	2	0	1	5	0	0	3
" M.	85	68	11	0	1	7	3	0	0	5
Total	1044	784	174	3	7	50	26	11	1	77
										57

SAM. B. WYLIE MITCHELL, SURGEON.

CAMP LEBLEY, VA. (West of Fort Corcoran), Dec. 31, 1861.

DEATH OF DR. MINIS.

HEAD-QUARTERS, DEPARTMENT OF NORTH CAROLINA, ROANOKE ISLAND, February 14, 1862.

GENERAL:—Since handing in my report I am deeply distressed to hear of the death of Surgeon Minis, of the 48th Reg., Penn. Vols. Dr. Minis was detailed to serve with the 9th Reg. N. J. Vols., to fill the position rendered vacant by the death of Surgeon F. J. Weller, who was drowned at Hatteras Inlet.

Words cannot express to you my distress at the loss of Dr. Minis. During the action of Feb. 8th he had charge of the Hospital at Ashby's house. He worked there unceasingly day and night until yesterday. I never gave him an order, for the reason that he always promptly performed any duty asked; even our short acquaintance had inspired me with the greatest respect and admiration for his character, and in his death you and the army have every reason to deplore his loss.

I saw him yesterday, and he agreed with me in the conviction that his illness would be but slight, and I then left

him, my mind impressed with the fear that I had overtaxed a too willing professional brother. If there is any mark of respect that can be bestowed upon a deserving officer, I most urgently request that it may be extended to my deceased friend, as every regiment owes him a debt of gratitude.

I am, General, very respectfully,

Your obt. servt.,

WM. HENRY CHURCH,
Brigade Surgeon and Medical Director.

GENERAL ORDERS.—No. 10.

HEAD-QUARTERS, DEPARTMENT OF NORTH CAROLINA
ROANOKE ISLAND, February 14, 1862.

2. The General Commanding desires to render a tribute to the memory of Dr. Minis, of the 48th Penn. Vols. He was detached from his own regiment and appointed to accompany the 9th New Jersey, then going into the field. He lost his life by disease, brought on by his untiring devotion to the wounded during and after the action of the 8th. To the forgetfulness of self which kept him at his post at the Hospital, regardless of rest or sleep, the Department owes a debt of gratitude.

By Command of Brigadier General A. E. BURNSIDE.

(Signed) LEWIS RICHMOND,
Assistant Adjutant General.

Medical News.

A new oath has been promulgated for the benefit of the Austrian army doctors. The *Wiener Medicin Wochenschrift* says that it is a great improvement on the old one, which occupied four closely written pages. The following is a clause in this new oath:—"You swear to devote yourself manfully to the good and the service of the sick and the wounded, whoever they may be, and wherever the will of his Imperial Majesty may order, by land and by water, by day and by night, in battle and in storms, in fightings and strugglings of every kind, in every place, at all times, and on all occasions, with eagerness and self-sacrifice, and to shun no danger." Notwithstanding his oath, the Austrian army surgeon is held as a "non-combatant;" and this is one of his grievances.—*Brit. Med. Journ.*

SEVENTH ANNUAL REPORT OF THE BOARD OF TRUSTEES AND OFFICERS OF THE SOUTHERN OHIO LUNATIC ASYLUM, FOR THE YEAR 1861.—From the only table given, we learn that the number of patients in the Asylum, Nov. 1st, 1860, was 157; admitted during the year ending October 31st, 1861, 99; remaining November 1st, 1861, 159. Discharged as recovered, 59; improved, 8; unimproved, 21; died, 8; not insane, 1.—*Cin. Med. and Surg. News.*

SICKNESS AMONGST EMINENT MEDICAL MEN.—Three of the leading medical men of Vienna are at present on the bed of sickness. Professor Dummreicher is suffering from pericarditis; M. Sigmund is just recovering from pneumonia; and Professor Rokitsansky has been obliged to take to his bed owing to the serious turn which a chronic affection, from which he has been for some time suffering, has lately taken.—*Lancet.*

DEATH OF M. BRETONNEAU.—This distinguished physician has just died at an advanced age, at Passy, near Paris, where he occupied a noble villa. M. Bretonneau's name is connected with some of the most valuable discoveries in medicine, and had risen to great eminence by his teachings and original turn of mind. The two leading men of the medicine and surgery of Paris respectively, M. Trousseau and M. Velpeau, were his pupils.—*Lancet.*

A HOSPITAL FOR STUDENTS.—An establishment of this kind has lately been founded at Vienna; and a ball in aid of its funds will shortly be given under very distinguished patronage.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 15th day of March to the 31st day of March, 1862.

Deaths.—Men, 95; women, 89; boys, 144; girls, 96—total, 417. Adults, 177; children, 240; males, 289; females, 178; colored, 5. Infants under two years of age, 152. Children reported of native parents, 83; foreign, 200.

Among the causes of death we notice:—Apoplexy, 2; Infantile convulsions, 32; croup, 8; diphtheria, 12; scarlet fever, 27; typhus and typhoid fevers, 8; consumption, 84; small-pox, 7; dropsy of head, 17; infantile-morasmus, diarrhoea and dysentery, 23; inflammation of brain, 8; of bowels, 8; of lungs, 16; bronchitis, 7; congestion of brain, 11; of lungs, 0; erysipelas, 8; whooping cough, 8; measles, 2. 206 deaths occurred from acute diseases and 87 from violent causes. 281 were native, and 186 foreign; of whom 83 came from Ireland; 0 died in the Immigrant Institution, and 51 in the City Charities; of whom 14 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Mar. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity per cent.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
15th.	29.80	.50	87	82	86	.05	1	N.E.	10	980
16th.	29.40	.50	86	80	41	.8	6	N.E.	9	809
17th.	29.61	.18	85	23	49	5	7	W.	8	681
18th.	30.00	.20	82	25	40	6	9	N.W.	1	602
19th.	30.14	.14	82	30	44	7	11	N.W.	.02	566
20th.	30.00	.25	85	80	40	8	7	N.E.	10	784
21st.	29.64	.40	86	80	44	1	2	N.E.	10	980

REMARKS.—15th, Rain all day, about half an inch. 16th, Light rain A.M., light snow P.M.; min. Barom. 29.11 inches. 17th, Cloudy A.M.; clear late P.M. 18th, Fresh wind all day; very dry. 19th, Fresh wind all day; very dry. 20th, Very light rain A.M. 21st, Rain storm A.M. Rain fall for the week, one inch.

MEDICAL DIARY OF THE WEEK.

Monday, March 31.	{ New York Hospital, Dr. Markoe, half-past 1 P.M. Bellevue Hospital, Dr. Thomas, half-past 1 P.M. Eye Infirmary, 12 M.
Tuesday, April 1.	{ New York Hospital, Dr. Halsted, half-past 1 P.M. Bellevue Hospital, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, April 2.	{ New York Hospital, Dr. Cock, half-past 1 P.M. Bellevue Hospital, Dr. Sayre, 12 M. Eye Infirmary, 12 M. Academy of Medicine, 8 P.M.
Thursday, April 3.	{ New York Hospital, Dr. Markoe, half-past 1 P.M. Bellevue Hospital, Dr. Elliot, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, April 4.	{ New York Hospital, Dr. Halsted, half-past 1 P.M. Bellevue Hospital, Dr. Flint, half-past 1 P.M. Eye Infirmary, 12 M. Dr. Noyes's Lecture, half-past 1 P.M. Surgical Section, 8 P.M.
Saturday, April 5.	{ New York Hospital, Dr. Cock, half-past 1 P.M. Bellevue Hospital, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

BELLEVUE HOSPITAL MEDICAL COLLEGE.

ORDER OF LECTURES IN SPRING SESSION, 1862, FOR THE WEEK ENDING APRIL 5.

Monday, Prof. Mott, 12 M.
Tuesday, Prof. Childs, 12 M.
Wednesday, Prof. Sayre, at Island Hospital, 9 P.M.
Wednesday, Prof. Flint, at Island Hospital, 8 P.M., (steamer leaves at 1½ P.M.)
Thursday, Prof. Wood, 12 M.
Friday, Prof. Childs, 12 M.
Saturday, Prof. Flint, Jr., 12 M.
Clinical Lectures by Prof. Taylor, Thursday, 1½ P.M.
by Prof. McCready, Friday, 1½ P.M.

The order of Lectures for the coming week will be published weekly in the N. Y. MED. TIMES.

SPECIAL NOTICES.

The Regular Monthly Meeting of the New York Sanitary Association will be held at 7½ P.M., Thursday, April 3d, at Room No. 19, Cooper Institute.

A series of resolutions in favor of further legislation to secure more general and effective vaccination and revaccination, will be taken up for discussion.

A report on Sanitary Legislation may be expected.

THE NEW YORK ACADEMY OF MEDICINE.—On Wednesday, April 2d, Dr. SIMMS will read a paper on "Vaginitis," and Dr. PURPLE will read a Memoir on the late JOHN STEARNS, M.D., and his Writings, the first President of the Academy.

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Bellevue Hospital Medical College.—

SPRING COURSE OF LECTURES. The Spring Course of Lectures in this College will commence on Wednesday, March 26th, at 14 M. Lectures will be given daily, by members of the Faculty of the College, from 12 o'clock M. to 8 o'clock P.M., including Clinical Instruction. The Course will continue during the months of April and May.

SUBJECTS OF LECTURES.

Diseases of the Breast.....	Prof. Wood.
Diagnosis.....	Prof. Flint.
Comparative Anatomy.....	Prof. Childs.
Diagnosis of Diseases peculiar to Females and Infants at the Breast.....	Prof. Elliot.
Microscopic Anatomy.....	Prof. Flint, Jr.
Operations on the Head and Neck.....	Prof. Mott.
Diseases of the Placenta.....	Prof. Taylor.
Clinical Medicine.....	Prof. Macready.
Syphilitic Diseases.....	Prof. Sayre.
Puerperal Diseases.....	Prof. Barker.
Fractures and their Treatment.....	Prof. Smith.

For attendance during this course, a matriculation fee will be alone required, and they who matriculate now will not be required to do so for the next winter session. The order of Lectures for the coming week will be published in each successive number of the MEDICAL TIMES during the continuance of the course.

Members of the profession are invited to attend the Lectures of this Course.

AUSTIN FLINT, JR., M.D., SECRETARY.

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This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

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This paper contains a determined quantity of Nitrate of Potash, Belladonna, Hyocianum, Stramonium, and it burns well, and its pleasant fumes near the patient, in a closed room, relieve immediately all oppressions.

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Dose.—Ten to twelve a day for an adult, repeated three days.

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The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juices. It is daily prescribed for *Chlorosis, Whites, Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

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Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia, Headache, convulsions of the stomach, &c., &c.* It is favorably spoken of by Drs. Troussseau, Pidoux, Grisolle, &c., &c.

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Original Lectures.

LECTURES ON NEW REMEDIES AND THEIR THERAPEUTICAL APPLICATIONS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.

By SAMUEL R. PERCY, M.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICA.

LECTURE V. PART II.

THE ACTIVE PRINCIPLE OF COLOCHICUM—COLCHICINA.

WITH the principle which I have prepared, and which is identical with the *colchicine* of Oberlin (and of the chemical differences between this and the *colchicin* of Geiger and Hasse I have already spoken), I have tried some physiological experiments. To a full grown dog, weighing about twelve pounds, I administered one grain, finely rubbed up with one drachm of sugar, and enveloped in a thin slice of meat; this was thrust down the throat. For about one hour no change was noticed, excepting a gradual increase in the frequency of the pulse, being at the end of the hour fifteen beats more than at the commencement. Gradually the dog began to show restlessness and pain. In two hours he had a full copious discharge from the bowels, the first portions of which were natural in appearance, but the latter portion was light colored, pultaceous, and very frothy; vomiting also commenced, which at first consisted of thin mucus, but as the retching continued, the mucus thrown up was small in quantity, and freely tinged with blood. Urine was passed at first freely, and as an old dog usually passes it, but as the dog grew weaker, many ineffectual attempts were made, and constant straining in the way which a young dog usually uses, without throwing up the leg; although the efforts to urinate were frequent, no urine was passed after three and a half hours. The pulse in two and a half hours was thin, wiry, and frequent. In six hours the pulse was small, feeble, and reduced to twenty-four beats in the minute. In the meantime the diarrhoea had been very troublesome; the discharges were thin, ochre-colored, frothy, with frequent patches of bloody mucus. After the seventh hour the dog did not attempt to rise, the pulse became small, thready, and intermittent, and he died a little before the eighth hour, without convulsions. Upon post-mortem examination the heart contained much thick, pitchy black blood, and the same also was found in the ascending and descending aorta as described by Bley and even in the arteries of the legs and neck; the mucous membrane of the stomach was only slightly congested, but the whole mucous membrane of the small and large intestines was inflamed, even down to the anus, near which there were several large abrasions. Upon removing the kidney, and dividing it with a sharp knife, the first appearance was one reddened inflamed mass, and upon more minute examination the Malpighian bodies were very red and much congested, the interlobular plexus was also very much congested, and the congestion extended even to the infundibula and pelvis of the kidney.

Two grains were given to another dog, which died in eleven and a half hours with all the symptoms above described. Towards the pyloric extremity of the stomach there was an irregular patch of about the size of a dollar, highly congested; the other parts of the mucous membrane were not much changed; the small and large intestines were like those in the other dog; the heart contained the same black, pitch-like blood; the kidneys were if anything more congested than those before described; the bladder was entirely empty.

To a dog, weighing about fourteen pounds, two grains of this *colchicina* were given finely rubbed up with a drachm of sugar, and a scruple of tannic acid. The whole

was enveloped in a slice of meat, and pushed down the throat. The restlessness of the dog seemed greater than with either of the others described. There was retching in half an hour, and in about an hour free vomiting. In an hour and a half there was copious diarrhoea. Thirty grains of tannic acid were now given, but it did not control the diarrhoea; there was not the same desire to urinate as shown by the other dogs, but no urine was passed after the fourth hour. The dog died in fourteen hours. The post-mortem appearances were nearly the same as in those described, excepting that the kidneys were not so generally inflamed, though there was great congestion of the malpighian bodies and interlobular plexuses, but it did not extend beyond them as in the other case; the bladder contained about a teaspoonful of very dark-colored urine. Thus tannic acid is no antidote to *colchicina*.

To a cat, while under the influence of chloroform, was administered one grain of *colchicina*, enveloped in a small round ball of bread. In a little more than an hour it purged her freely, and produced very great uneasiness, as she prowled round in a restless and timid way, and constantly moaned. The tenesmus with the dogs was great, but with this cat it was very severe, so long as the strength lasted she seemed to make almost one continual strain. The cat died in eight hours. There was congestion of the stomach, intestines, and lungs; the right side of the heart was empty, but the left ventricle was distended with pitch-like black blood. The kidneys presented the same appearance as in the dog I first described.

Therapeutical Applications.—To a gentleman suffering with an acute attack of gout I administered one-fourth of a grain of *colchicina*, three different times, at intervals of four hours. It produced no effect upon the bowels, but the urine was largely increased in quantity, and contained a very large amount of urate of ammonia and mucus. I could not perceive that it produced much change in the pulse. The dose was now increased to one-thirtieth grain, which I was obliged entirely to suspend after the third dose. The pulse fell in frequency twenty-eight beats, the urine continued to flow very freely, and still contained the same large amount of urate of ammonia and mucus; the bowels were opened several times, the discharges were of an ochre color, very frothy, and had a strong urinous smell; there was some tenesmus, and an inordinate amount of flatus, which rather amused him at first, but eventually became quite painful. As I remained some time with my patient, and saw no cause for fearing too severe an action, I gave nothing but large quantities of mild diluents. I had no occasion to repeat the medicine, as it completely arrested the paroxysm. The urine that was passed before the administration of *colchicina* was small in quantity, of very dark color, deposited uric acid in large quantity on cooling, and was of sp. gr. 1.021. That passed after the third dose of *colchicina* was large in quantity, of much lighter color, containing a very large quantity of urate of ammonia and mucus, and was of sp. gr. 1.030. That passed after the bowels had been very freely acted on was still large in quantity, and contained about the same quantity of urate of ammonia and mucus, and was of sp. gr. 1.025, thus making a difference in the amount of solid matters discharged of about twenty per cent. even in the same quantity of urine passed; but as the amount passed was certainly four or five times larger, the amount of effete matters carried off in this way must have been very great.

Another case of gout coming under my notice about the same time, I gave one-thirtieth grain of *colchicina*, and repeated it seven times at intervals of from four to six hours. It acted more quickly on the bowels than in the previously mentioned case, producing the same ochre-colored, frothy, and urine-like smelling discharges as before spoken of, and producing much flatus and some tenesmus. The increase in the quantity of urine passed was very marked; the sp. gr. increased from 1.018 to 1.024, and uric acid and mucus were deposited in large quantities. This is the only paroxysm that this gentleman has had.

There is one other person to whom I have administered the colchicina. This person was suffering from a subacute, or rather chronic, attack of gout; he had gouty concretions of urate of soda, and enlargement of the joints. I gave him one forty-fifth grain three times a day for ten days. It acted freely on the bowels three or four times daily, producing flatus to such an extent that he had to keep watch on himself when any one was near. The urine was increased in quantity and in specific gravity, and deposited large amounts of uric acid on cooling. He was very much benefited by the treatment. I find no other mention of the use of this agent in the treatment of disease, excepting by Dr. Guensberg, of Breslau. He has used it in many cases since 1853. Patients that had long suffered from gout, took, during the painful paroxysms of the swellings of the joints, one-sixtieth of a grain (of Geiger's) three times daily. In every case the remedy acted as an intense excitant of the intestinal secretion, even in such patients who had always before suffered from constipation. After three or four weeks' use of the colchicin, patients who before had suffered from an attack every two or three months, remained entirely free for a year or longer. But in acute articular rheumatism its employment did, contrary to his expectation, but little or no good.

Modus Operandi.—We have not a very large number of physiological experiments from which we may draw inferences as to the *modus operandi* of colchicina; but the few experiments that are given demonstrate its effects with greater accuracy than is usual with new remedies. We see by the physiological experiments on animals of Geiger, Albers, Hoppe, Aschoff, Bley, and Schroff, that colchicina uniformly acts as an irritant to the mucous membrane of the intestinal canal, producing frequent and copious alvine discharges; that given in the quantity of one grain or over to the smaller animals, it universally caused death, with pathological evidences of gastro-enteritis. We see, also, by the experiments of these gentlemen, that it enters the circulation and produces upon the blood the changes that a mere acrid poison does not necessarily produce. Aschoff and Bley have demonstrated its existence in the secretions. All of the experiments performed, those of my own included, demonstrate that, although it induces vomiting, the vomiting only takes place after a considerable time, that it is first absorbed, and that the vomiting is but the consequence of the gastro-intestinal irritation. Although it has been common to call colchicum an acrid narcotic, we see that it possesses no narcotic properties, that it has no special action upon the brain or spinal marrow, and that a very large increase of the dose but little increases the intensity of the symptoms, and does not hasten death. We see by the physiological experiments performed by myself, and also by the therapeutic action in the cases I have reported, that in addition to the effects above mentioned, we have an increase at first in the amount of urine discharged; but in poisonous doses the urine is soon entirely suppressed, owing to inflammation of the kidneys. This is not mentioned as one of the actions of this medicine by the gentlemen whom I have just quoted; but in the experiments I performed it will be remembered that no animal to which I administered it passed any urine after the fourth hour, and that after death none was found in the bladder. Upon examination of all the animals that I experimented upon, pathological changes, which alone were sufficient to cause death, were found in the kidneys; in two of them the whole organ was inflamed, and the congestion extended to the infundibula and pelvis. In the dog to which I administered tannin in connexion with the colchicina, the kidney was less inflamed than in the other animals, but a smaller quantity of urine was passed by this animal, and the desire to urinate was less urgent. After death the malpighian bodies and interlobular plexuses were found highly congested. This was sufficient to prevent the elimination of any urine, and it appeared to me that the astringency of the tannin had had the effect to retard the passage of as much as usual of the poison through the

kidneys. It will be seen in the cases in which I record the therapeutic action of the remedy, that the quantity of urine was largely increased, and that the effect was produced even before its action on the bowels; that in addition to the increase in quantity, there was also a very great increase in specific gravity, and that the amount of urates and mucus was very large. Guensberg, who alone in addition to myself has tried the therapeutic effects of this remedy, has only noticed that it acted as an intense excitant of the intestinal secretion; but his were chronic cases, which he probably saw but once a day; but he found that it produced absorption of the swelled joints. Schroff, who administered it by way of experiment to a person in health, states that "the urine was like whey, with abundant white sediment." It will be noted, then, that we have given several instances wherein, administered in medicinal doses, colchicina increases both the quantity, specific gravity, and uric deposit of the urine. Let us turn again to the character of the feces discharged; all state it to be large in quantity, mucoid, and frothy, and when it has been particularly examined, I have stated that it has a strong urinous smell. This effect is as marked with the administration of tincture of colchicum as with colchicina; and once, some years ago, I examined the feces of a gouty person while under the influence of colchicum, and found them to contain a large amount of uric acid. It will be remembered that Chelius, of Heidelberg, many years ago, endeavored upon theoretical reasonings to explain that colchicum cured gout by eliminating uric acid from the blood, because he noticed that under the action of colchicum the amount of uric acid in the urine was much increased. This is disputed by those celebrated men Dr. Pereira and Dr. Graves, who not only deny that colchicum augments the excretion of uric acid, but state that it rather diminishes it when the remedy is given to its full effect. This, in my opinion, is one of the best evidences in proof of the theory of Chelius, for the gentlemen just named carry their observations only so far as to state that under the full effects of colchicum the amount of uric acid in the urine is decreased; here their observations cease; they make no examination of, or investigation into, the character, amount, and composition of the alvine discharges, nor have they examined the blood before and after the administration of colchicum. As I have just stated, I have in one instance proved that tincture of colchicum administered to a gouty person to its full purgative effect, produced the elimination of a large quantity of uric acid in the feces; that the urine before the purging contained more uric acid than it did after. In other instances where it was administered in small doses, not sufficient to produce purging, the uric acid in the urine was greatly and persistently increased. In the cases which I have reported of the therapeutic action of colchicina, we find the quantity of urine increased, as well as the specific gravity, and that the urates were in great abundance. This occurred from the time of the administration of the dose until free purging was produced; then the specific gravity was less, and the quantity discharged less, but both were more than before the administration of the colchicina. Guensberg found colchicina reduced the gouty swellings, and for many years colchicum has been used to reduce the deposit of urate of soda occurring about the joints. It would seem, then, to me, viewing the various effects we find produced by colchicina, that its *modus operandi* consists in its removal from the system of a large amount of urates. Chelius stated this to be its effects by noticing the augmentation of uric acid in the urine only; I think I have demonstrated his observations to be correct, not only in the amount of urates, but in the increase of the specific gravity also, and also by its presence in the alvine discharges. But the excellent work of Dr. Garrod fully explains these facts. In poisonous doses it first stimulates the kidneys, then the intestines; and destroys life at last, not only from the inflammation it produces in these organs, but by its preventing any secretion of urine, and by its acrid, poisonous properties upon the

blood. Could the kidneys continue their functions, it would all be eliminated, and the system would recover from the poison; but, like most acrid poisons, it inflames and paralyzes the kidneys, and is thence retained in the system, changing the character of the blood. I need hardly discuss the question of its absorption. I have so frequently during the session given you demonstrable proofs, by physiological experiments, that this class of remedies is absorbed into the circulation before they produce their peculiar effects upon the system, that repetition here I deem unnecessary. Being absorbed into the system, its action is catalytic, producing some peculiar change in the character of the circulating fluid, stimulating certain of the excretory glands, and passing out of the system after it has produced its peculiar effects. Its primary effects are upon the blood, for we find, when given in too small doses to act upon the bowels, that it always stimulates the kidneys, and increases the amount of excreted metamorphosed tissue. That its action on the blood is of that peculiar character to cause a rapid elimination of this product, is proved by the increase of the urates in the urine, and by their presence in large quantities in the fæces. Its action on the bowels, then, though always hitherto spoken of as its primary action, I deem but secondary to that upon the kidneys; and when the kidneys are unable to eliminate either it, or the changed materials that it produces, the blood becomes so altered as to be unable to become arterialized, and is found in the heart and arteries after death black and pitch-like.

Uses.—From the physiological effects of colchicina we may ask, What are its uses? We have seen from several cases that it has given speedy relief in gout, and from the known effect of colchicum for many ages in that disease we have empirical as well as rational proof of its value. Colchicina has never been used in inflammatory rheumatism, but the testimony of thoughtful men is that colchicum is of no service whatever in that disease. *From its physiological action we have every right to draw deductions that it will be found of great service in those diseases where uric acid and the urates are in abnormal quantities, and require to be removed from the system.

When speaking of the action of colchicum I told you that objections were raised by some against the use of it in gout, because it seemed to lose its effects in subsequent attacks. Is not this rather the nature of the disease than the want of proper action of the remedy? A first paroxysm of gout is frequently easily controlled in a short time, and by a mild remedy, but each successive paroxysm fixes the diathesis more firmly on the system, until after a time no remedy will cure or cut short the duration of an attack, it only palliates the pain. A certain length of time is required, and a certain amount of abstinence necessary to enable the medicine even to relieve the symptoms; the gout then disappears for a time, and returns again at its regular period. Even in these instances colchicum greatly relieves the severity of the pain, and is necessary before a cure is effected. Another error is frequently committed:—Colchicum, and it alone, without regimen or diet, is depended on, and as it gives relief nothing is administered afterwards to correct the still existing depraved condition; whereas, had proper after treatment been resorted to, the patient would not be left in a condition to find fault with the injurious action of any medicine. One thing is certain, a majority of the cases of gout we meet with are quickly cured by the action of colchicum, and in many other cases it affords great relief from the pain, and is frequently the only medicine capable of giving relief. It is as near a specific in gout as any other medicine in other disorders; but it will be recollected that there are no specifics. Guestenberg demonstrated that colchicina afforded great relief to old and chronic cases.

Antidotes.—It has generally been supposed that tannic acid was an antidote to the poisonous effects of colchicum. Acting upon this view Aschoff administered 15 grains of tannin to a dog to which he had previously given one grain of colchicina; it had no antidotal effects. It will be remem-

bered that I administered 20 grains of tannin in combination with 2 grains of colchicina, and afterwards gave 30 grains more of tannin, and that it had no effect in preventing the action of the poison, or prolonging the life of the animal. From the rapid manner in which colchicina was absorbed by animal charcoal Carter recommends it as an antidote, and if it could be administered immediately I have no doubt that it would be perfectly protective until means could be adopted to remove the whole from the stomach; but unless administered immediately it would be of no effect—because the absorption of the poison is rapid, and it would in no way counteract its action when once absorbed. Magnesia also has been recommended; but Magnesia is very frequently given in large doses with tincture of colchicum, and yet the colchicum produces its peculiar effects. All that can be done is to counteract the effects of the poison, and this I conceive will be most successfully accomplished by full doses of opium, and stimulants, with free diluents.

Doses.—Of the article made by Oberlin, and by myself, about $\frac{1}{16}$ th grain should be the maximum dose. I found $\frac{1}{16}$ th to $\frac{1}{8}$ th to be safe if not too frequently repeated. In these doses it produced promptly its characteristic effects, and had the advantage over any of the crude preparations that it was definite, and did not deteriorate on keeping. It is always difficult to get a good preparation of colchicum, and hard to keep it good. This, when once prepared, does not change, and is definite in its action.

Original Communications.

ON THE IMPROVEMENT OF THE CONDITION OF THE INSANE.

By JOHN B. CHAPIN, M.D.,

BRIGHAM HALL, CANANDAIGUA, N. Y.

IN presenting to the readers of the *AMERICAN MEDICAL TIMES* the question which heads this article, the writer is fully aware the subject is by no means a novel one. He cannot hope to offer any suggestions to those members of the profession whose labors in behalf of this unfortunate class demand an honorable recognition in the history of the State provisions for the insane. Yet, if it can be made to appear that this work, auspiciously commenced, is not finished, but may be made more comprehensive, may not the claims of the insane still further engage earnest attention and sympathy?

In the consideration of this subject three inquiries naturally suggest themselves:—

I. What, briefly, are the history and policy of the State in providing for the care and treatment of its insane?

II. What are the present number and condition of the insane in the State, and provision for their treatment and cure?

III. What plans and suggestions for the improvement of the condition of the insane does experience at home or abroad suggest?

In the early history of any State the care of dangerous and violent lunatics devolves, from necessity, upon the public authorities. The law directs the public officer to secure such insane persons from doing violence to life and property, or being a source of public insecurity, by confining them to the limits of a jail or almshouse.

In this simple act we observe the recognition of a duty which the community owes to the individual, and one which it is compelled to perform. Duty, in public life as in private affairs, often suggests a policy, especially where it is founded upon moral obligation towards the individual concerned. Thus, the public conscience, which has been content to perform a duty without a policy, comes to agitate the proposition of combining duty, or obligation, with policy. Growing out of this comes the legitimate result,

the adoption of a practicable plan and policy of relief. In short, all civilized communities, from a recognition of moral obligations to the individual, motives of economy, and sense of security, have projected plans for ameliorating the condition of their insane.

The disposition of the insane in the State of New York has not been unlike the usual one. Confined in almshouses and jails, from necessity and duty, the legislature, in the year 1806, enacted a law making an appropriation to the New York Hospital for a period of fifty years to aid the erection of larger accommodations for their care. The Governors of the Hospital were to be the almoners of this yearly bounty, and we cannot infer the State presumed to do more than foster a benevolent enterprise. It could not, as yet, be said to have instituted a policy. In March, 1836, the act authorizing the erection of a State Lunatic Asylum, at Utica, was passed, and it received patients in January, 1843. It would not be within the scope of any paper, or within the patience of the readers of the *Times*, to give, in detail, the history of the labor which culminated in the erection of this noble charity, and in the adoption of a line of policy by the State looking to the kindly care and restoration of all insane persons within its limits. Suffice it now to remark that the annals of the profession present no brighter page than that which records its earnest efforts for this result.

The organic law of the State Lunatic Asylum was conceived in a liberal spirit, and, if interpreted according to the philanthropic views of its projectors, public opinion would have tolerated no other arrangements for caring for the insane than well regulated asylums built expressly for the purpose. We need no other assurance of this than the avidity with which the room of the asylum was appropriated. In the third annual report Dr. Brigham stated, "The asylum has been constantly full the past year, and we have been reluctantly compelled to refuse admissions to a considerable number." Applications continued to be refused during following years.

Dr. Benedict, in the tenth report, says:—"Sixty were necessarily refused, and thirty-seven patients were removed to other institutions to make room for those having preference by law. If we can calculate the coming, by the past year (1852), there will have been refused admissions into this institution a number of patients large enough to fill another hospital before it can be built, should its erection be commenced immediately."

Dr. Gray, in the thirteenth report, states that one hundred and sixty-seven applicants were refused admission.

The testimony of the several superintendents has been unanimous, and uniformly to the fact, that the "Institution has been wholly inadequate to the wants of the State."

This subject has not occupied the thought of those only who, brought into such intimate official relation with the insane, were prepared to speak intelligently. Governor Seymour and Governor Clark severally presented it to the Legislature with a recommendation to its favorable consideration. The Superintendents of the Poor, the legal custodians of the insane poor, have memorialized, and Boards of County Supervisors have passed resolutions recommending the Legislature to provide additional hospital accommodations. The Legislature has, repeatedly, had this matter under consideration. A question involving the happiness of so large a body of the inhabitants of the State, could not avoid its notice, pressed upon it from so many official quarters. Official documents have emanated from the Legislature; and, more recently, a committee, composed of senators, engaged for five months, with some intermissions, in investigations into the condition of the insane, presented a report; all recommending proper measures of relief. Bills, framed from time to time to meet the desired end, have received the favorable action of one, and sometimes of both branches of the Legislature, yet have failed, finally, to become laws; and no further provision for the treatment of lunatics has been made.

We have already intimated, if the original law of the

Asylum had been executed in a faithful spirit, by public officers, public opinion would have been educated to the necessity of providing for all insane persons in proper asylums. It becomes necessary, however, to notice an important modification of the law relating to the support of indigent persons in the State asylum. During the early history of the Asylum the yearly admissions were large, reaching 428 in 1847, and 424 in 1853. The obvious result, as was to be expected, was the accumulation of a large number of incurables. It was natural to hear this would result in impairing the usefulness of the Asylum. The law disposing of insane persons in indigent circumstances, not paupers, provides for their support in the State Asylum for two years. Under the law before amendment it became a practice with many counties to permit their incurable insane to continue in the Asylum after the expiration of this period, still paying for their support. In 1850 an amendment was procured to this law authorizing the managers in their discretion to cause such a patient to be sent to the county from which he came, whether the county authorities desired the removal or not. Thus, by virtue of public laws, we seemed to authorize a return to the old system which begins and ends with the least possible care of the individual.

The result, if not obvious before this amendment went in force, has become so since. It became evident that the counties must continue to provide for their insane in their own way. Yearly, numbers have been thrown back upon the counties to provide for. Many of the counties have enlarged, but not improved, their accommodations. Many counties have erected receptacles which they call asylums, and, instead of sending their recent cases of insanity to the State Asylum, as by the spirit and letter of the law they are clearly bound to do, retain them at home. In other counties movements are on foot looking to the care and treatment of all the insane within their own county-houses. It seems, now, unless this is prohibited or regulated by positive enactment, that the original policy of caring for the insane will be radically reversed. A construction of the laws is permitted which implies that all there is to be done for the insane is to provide them food, clothing, and shelter; and that this can be accomplished quite as well, in a county poorhouse as in an asylum.

In reviewing the lunacy history of the State our conviction is that no act has been so fraught with disastrous results to the interests of the insane, or more effectually arrested all efforts to ameliorate their condition.

Briefly, then, we may say of the insane of the State that prior to the year 1808 no organized asylum for the insane existed in the State, though a few lunatics were provided for in the New York Hospital. The asylum building was completed in 1821. In 1843 the State Lunatic Asylum was opened for patients. The committee which recommended the passage of the law authorizing the erection of the Asylum clearly enunciated what was designed to be the policy of the State in these words. "To correct the evils of the existing system as to pauper lunatics; to discharge that highest of moral and religious duties which devolve upon us as a government and as citizens to relieve the wants of the poor and afflicted; to obey the authoritative mandate of the Ruler of the world; to imitate the example of other nations who we will not confess surpass us either in public spirit or benevolence, we should erect hospitals adequate in number and extent to accommodate all our insane—hospitals provided with all the necessary means and facilities for their safe-keeping, personal comfort, and cure."

COLLISIONS.—Of 2136 persons killed and injured on railways during four years (1857–60), 289 cases were attributable to trespass or suicide, and 111 to accidents at level-crossings. These must be set aside as due to personal carelessness or folly. This would leave only 193 instances of death or injury not attributable to collisions, against 1643 due to this latter cause, or seven-eighths of the whole number.—*Lancet*.

A CASE OF
ULCERATION OF THE STOMACH,

AND RECOVERY, WITH SUBSEQUENT ULCERATION AND PERFORATION OF THE DUODENUM.

By J. KNEELAND, M.D.,

OF SOUTH OXONDA, N. Y.

On the 29th of Dec., 1861, I was called to see a lady, aged sixty years, a farmer's wife, mother of six children, who had been about eight weeks under treatment by an "eclectic doctor" for a variety of complaints. I took charge of the case on the 31st of Dec., and found the following symptoms present:—Loathing of food; vomiting and diarrhoea; emaciation and sallowness of the skin, suggestive to the mind of jaundice, but on closer examination seeming like the complexion which usually obtains in some cases of internal cancer, or other organic diseases which impair nutrition and assimilation. The pulse ranged from 100 to 110, and was small; the tongue was not much coated, but creased or furrowed deeply. The chief complaint was of severe pain occurring in paroxysms, worst in the epigastric region in a circumscribed spot, but extending thence through the body into the back and between the shoulders. The stomach was very tender to pressure, and a sense of internal heat was at all times present. The vomiting mostly occurred within an hour or two after eating, and the contents of the stomach were mixed with a glairy, tenacious mucus, sometimes tasteless, and sometimes slightly mixed with bile. At times it was said by her attendants that she had vomited a dark-colored matter resembling strong coffee, and had subsequently passed feces resembling coffee grounds. I prescribed iced gum-water, pills of nit silver, morphine, and bread crumb, alternated with bismuth and tannin, and counter-irritation of minute blisters dressed with morphine and starch; also lime water and milk diet. She continued for about ten days without much change; slept a little better at night, and retained some more nourishment, and the bowels by the help of starch and laudanum injections were somewhat checked.

On the night of Jan. 14th she vomited more severely than common, throwing up first a sanious fluid, and afterwards several large coagula. I ordered iced cloths to epigastrium, cold drinks, and gave gallic acid and opium in pill. The hæmorrhage subsided, and did not again recur, but much darkened and partially digested blood was evacuated by stool during the next three days. A tendency to diarrhoea continued until her death, which occurred during the night of Jan. 22d. On the 19th she had a sinking spell, and never fully rallied. She, however, retained full consciousness, and had less pain during the last two days of life. She had vomited so much mucus during former attacks, and her pain had been so severe, that her medical adviser had called her disease "gastrodynia, caused by or attended with catarrh of the stomach." His treatment consisting of blisters and mercurial purgatives, followed by cool bland diet, with morphine and bismuth, had served to bring in check two former attacks which she had suffered from during the past three or four years.

After seeing the case two or three times, the conviction that former ulceration of the stomach, and existing "ulceration of the duodenum, which must soon terminate fatally," became so fixed in my mind, that I asked consent to make a post-mortem examination. On the 23d, twelve hours after death, assisted by Drs. Alfred Hall and Dr. D. W. Burdick, I laid open the abdomen, and found the intestines nearly empty, looking well externally. We proceeded carefully to examine the ovaries and womb; they were free from any traces of diseased action. The right lobe of the liver was adherent by its convex, superior, and anterior surface to the diaphragm, but was separated by the fingers without great force, and its appearance and structure seemed

healthy. The gall bladder was two-thirds full of healthy looking bile. Spleen normal. A ligature was placed about the lower end of the œsophagus, and another around the jejunum near its junction with the duodenum, and the stomach, pancreas, and duodenum were then carefully taken out for a more thorough inspection. The stomach seemed small, and was firmly attached posteriorly to the pancreas. The serous covering of the stomach, in front and above, looked healthy. On laying open the viscus by an incision through its anterior aspect, midway between the smaller and larger curvatures, we found its mucous lining of a pale pink color, covered with mucus, and looking healthy, excepting a large oval depression occupying that portion of the organ which rests upon, and in this case was firmly adherent to, the pancreas. This cicatrix was one inch and a quarter in its longest, by one inch in its transverse diameter; its edges were thickened, so that its depth varied from three to five lines; its bottom and edges were whiter than the surrounding mucous membrane. In consequence of the presence of this cicatrix the organ was much diminished in size. I with my fingers and the handle of a scalpel separated the stomach from the pancreas, and found all the coats terminating at the edges of the cavity, and the opening in the stomach became much larger. The puckering of the mucous lining so marked before the separation now disappeared, leaving a hole of two inches and a half in diameter, bound round its edges with a firm band of lymph. The pancreas retained on its anterior surface the flooring of the ulcer bordered by an oval circle of indurated lymph of the same character.

The duodenum had lost by ulceration, commencing half an inch below the pylorus, some two and a half or three inches of its upper third, only a narrow strip of its attachment to the mesentery or its back part remaining. A flap of its peritoneal coat, which covered a part of the ulceration in front, had given way for near an inch in extent, and the edges of this opening were thin, ragged, and sanious. Some minute blood-vessels at its attached edge (to the strip not destroyed) were clogged with coagula, whence, doubtless, came the hæmorrhage which occurred a week before death. There was in the duodenum below the perforation some of the ingesta mixed with mucus and bile. This fact, taken together with the complete emptiness of the stomach, and the diarrhoea which had existed up to a few hours before death, and the other fact that no traces of food or drink were found loose in the body, none having escaped from the perforation, indicates either that the duodenum had lost its normal peristaltic action; or, which is more probable, that the serous coat of the ulcerated part did not give way long before death, and that action in the bowel had then ceased, and as the stomach had emptied itself by vomiting nothing was passed through the pylorus into the opening after it occurred, nor did any regurgitation of the contents of the duodenum occur after complete perforation took place through the peritoneal coat. The ductus communis choledochus had not been disturbed in its functions, its insertion into the duodenum being some distance below the ulceration. There was no softening or abnormal tenderness of the mucous lining of the pylorus, or of the duodenum, below the ulcer; the valvular folds of the lower part of the duodenum, and the upper part of the small intestine, seemed healthy. No signs of disease were found in the colon. The diarrhoea of the last four weeks of life was perhaps a result of the disorganizing process going on in the duodenum. The lungs and heart were inspected, and found healthy in appearance, as they had been in function before death.

The point in this case of great practical value is the well established fact, that organic disease of the stomach, frightfully extensive, and productive of great suffering and impairment of function for months and years, is capable of amelioration, and, in truth, of complete cure. Another point is, How shall we diagnosticate duodenal from gastric disease? This was done in this case, and the diagnosis recorded two weeks before it was confirmed by the autopsy.

BENEFICIAL RESULTS
FROM THE USE OF
MECHANICAL APPLIANCES IN POTT'S DIS-
EASE OF THE SPINE.

ILLUSTRATED WITH CASES.

By JACOB A. WOOD, M.D.,

OF NEW YORK.

(Continued from page 122.)

CASE III.—The son of Dr. ———, of Madison Co., N.Y., set. six years and five months, of scrofulous diathesis, first came under treatment for Pott's disease of the spine, Dec. 13, 1859.

The following is an abridged history of the case as communicated by the father.

When about three years and a half old, while complaining somewhat of his back from a previous injury the child fell from a low stool to the floor, injuring the spine so as to render him unable to walk for two days. Upon examination there was observed a slight posterior projection of the sixth dorsal vertebra. Treatment was at once commenced with the blisters and issues near the affected part, internal use of iodide of iron and cod-liver oil, together with special attention to the diet. No means have been left untried, from the commencement of the disease, that would seem to afford the least prospect of relief; but all, apparently, to little or no purpose. The disease steadily progressed, involving one vertebra after another, until two or three above and below the original point of the disease became more or less involved.

The deformity continued to increase, and locomotion was performed only with great difficulty by resting one hand upon the thigh. In this manner he attempted to move about, but could only walk a short distance without lying down or leaning upon some object for the purposes of rest and support. He at this time was subject to frequent and severe paroxysms of pain in the lower extremities with partial loss of muscular power.

Upon examining this case I found the patient much emaciated, feeble, and presenting a bold and extensive posterior projection, as represented in Fig. 1.



FIG. 1.



FIG. 2.

The treatment consisted in the use of mechanical means, the immediate effect of which was complete relief from pain and suffering, a more erect position of the patient, and enabling him to walk without resting his hand upon his thigh. During the first three months of the treatment there was an improvement of the general health, strength, and figure of the patient, but with little reduction of the cur-

vature. At the expiration of that time, however, the curvature began to lessen more perceptibly, and has gradually decreased until its size is very much reduced, as seen in Fig. 2, which is a correct outline drawing of the case, taken nearly six months since. For nearly two years the patient has been healthy and robust, and is extremely active.

As in this, so in a large majority of cases of long standing, with a great loss of bony substance, improvement is much more rapid after the case has been under treatment several months.

81 COOPER INSTITUTE, March 29, 1902.

Reports of Hospitals.

BELLEVUE HOSPITAL.

ANEURISM OF THE ARCH OF THE AORTA.—RUPTURE INTO THE PERICARDIUM.

CASE I.—(Reported by A. N. BROCKWAY, M.D., Senior Assistant.)—John McLaughlin, set. 33, single, a native of Ireland, laborer, entered Aug. 25, 1860. For the first time, in 1855, he felt a darting pain in the back, near the situation of the left kidney. This passed off and did not return until about a year after, when it continued to recur at intervals, until he entered the hospital; it was then constant, but now and then changing its position. About three months after the patient states that he felt a "squeezing" pain in the left side, which, from his account, seems to have extended beneath the sternum, from a point just above the nipple down to a point a little below the ensiform cartilage, and extending on the left side about four inches. Has had no dyspnoea. When the pain appeared he had vomiting. The medicines administered were anodyne in character. He remained until July last, when he was discharged unrelieved.

He was readmitted Sept. 20, with much the same symptoms. The pain was constant, and much increased when he sat up. There was a small fluctuating tumor over the sixth dorsal vertebra, which disappeared in a few days. This was in the situation of a seton, which was inserted in June. Examination of the chest showed nothing positive, except a loud obstructive murmur at the aortic valves. Can obtain no history of rheumatism. The bowels were regular, and the appetite was good.

About 11 A.M., on the 1st of November, being up to that time in the same condition since admission, the patient was seized with collapse. The pulse was not appreciable at the wrist, but was soon felt feebly on the administration of a little stimulant. He was pallid, and his extremities were cold. Vomiting took place, which was somewhat relieved by bits of ice and hydrocyanic acid. He was tossing his head about, and groaning, as if in great agony. When spoken to loudly he would respond, but would quickly become delirious. On rallying a little he complained of much pain in the head and chest. On the day following (Nov. 2) the vomiting was only occasional; pulse 92, full but weak. Pain in chest, however, continued, cardiac murmur being very distinct. His condition improved until Nov. 5th, when he was able to sit in his chair; pulse 90, regular but weak. He took his meals with the other patients, and was about the ward as usual. About 6 o'clock, as he was eating his supper, he suddenly fell back in his chair with every appearance of being *in articulo mortis*. He became covered with a cold sweat, and the pulse was scarcely appreciable at the wrist. He continued to sink, and died in about twenty minutes after the commencement of the attack.

Autopsy, 19 hours after death.—Rigor mortis well marked. Body well nourished. On opening the thoracic cavity, very firm pleuritic adhesions were found on the side and posterior surface of the right lung. Lungs healthy. The pericardium was distended and of a dark color. On opening the sac it was found to be nearly filled with coagu-

lated blood. The contained clot weighed twelve ounces. A rupture of an aneurism of the aorta was ascertained to have taken place. The rupture was about the size of a crow-quill, and occurred on the right and posterior aspect of the aorta. A small bony plate was situated just at the point of the rupture, and patches of atheromatous deposit were scattered over the surface of the vessel. The aneurismal dilatation was about two inches in breadth, by an inch and a half in depth, and commenced immediately above the origin of the ascending portion of the arch of the aorta. The heart was somewhat hypertrophied and the aortic valves thickened with atheroma; the other valves were normal. Liver healthy. Kidneys much congested, but to the eye gave no evidence of Bright's disease. Brain not examined.

CASE II.—(Reported by H. S. PLIMPTON, M.D., Acting House Physician.)—Catherine M., æt. 33, entered the hospital July 23d. Her general appearance was good. She complained of much dyspnoea, especially after exertion. The heart was very irritable. Physical examination revealed: size of heart, normal; pulse very irregular, and a murmur heard with the first sound, at one time most distinctly at the apex, but afterwards at the base. She kept her bed most of the time. On July 27th, as she was leaving the water-closet, she shrieked and fell upon her face, and after struggling about ten minutes, died. The hands immediately unclenched and the face lost its look of horror.

Autopsy.—On opening the thorax the pericardium was seen filling its middle third. The sac and its contents being removed weighed fourteen ounces. On opening into it a clot of blood was discovered weighing seven ounces, which had an even consistence throughout. The heart was small. The aortic valves normal, but there was slight thickening of the mitral. Near the left coronary artery was a small opening from the pericardium into the substance of the left side of the heart, which would admit a crow's quill. This was found to communicate neither with ventricle nor auricle, but with a small sac lying in such a position that, when filled with blood, it would obstruct the aortic opening. This sac would hold a large hickory nut, and opened into the aorta. Other organs healthy.

CASE III.—W. S., æt. 25, single, native of New York. On the 15th November, about midnight, the deceased was sitting in company with others at table. Having finished a cup of coffee he withdrew, smoking a cigar; suddenly he was seen, without any premonition, to fall forward upon his face. He received immediate attention, being supposed to have fallen in a fit. There was no convulsion, change of color in the face, or expression of consciousness. The fingers were tightly clenched for a moment, he drew a few difficult breaths, and gave no further sign of life.

The deceased having been an orderly of Bellevue Hospital for more than a year, during which time he had been, so far as was known, regular in habit, and had made no special complaint of ill-health, his death was entirely unexpected. He was understood to have been, at a previous period, irregular in his habits, and to have suffered from exposure to syphilis. He was only moderately nourished, and his countenance had an unhealthy cast. On inspection of the body after death the cicatrices of primary syphilis were observed.

Autopsy.—Head not examined. Lungs healthy. Pericardium distended, and contained nineteen ounces of blood. The aorta and its valves were the seat of atheroma. There were aneurismal pouches corresponding to each sinus Valsalvæ. Two of these were of sufficient size to admit the end of the index finger. The third was larger, and was the seat of the rupture. This aneurism took its origin from the posterior sinus, and was bounded on the right by the descending vena cava, anteriorly by the pulmonary artery. Both these vessels were pressed upon by the aneurism. On the left side it was in relation with the left auricle, and the fissure in the walls of the aneurism was near the appendix auriculæ of the latter. The liver fatty. Kidneys healthy.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, February 26, 1888.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

DILATATION AND FATTY DEGENERATION OF THE HEART, DISEASE OF MITRAL AND AORTIC VALVES, EXISTENCE OF THE MITRAL DIRECT MURMUR, ETC.

DR. AUSTIN FLINT presented a heart, and gave the following history:—The specimen was taken from a female patient, aged 30 years, who died in Bellevue Hospital. She had rheumatism five years ago, and for the year or so before her death suffered from dyspnoea on exercise, and when she entered the hospital three weeks ago she experienced a greater frequency and severity in the paroxysms. These would occur at irregular periods during the day and night, and on several occasions she seemed to be on the point of death.

On examining the heart there were evidences of enlargement in the situation of the apex beat, and in the superficial cardiac region. She presented a loud mitral direct murmur. The existence of this murmur is ignored by some, and by most regarded as extremely rare, but I must confess that I have not found it so unfrequent as one would be led to suppose from such statements. There are now in Bellevue Hospital four cases that present it very well marked. The patient presented also a murmur with the second sound at the base (aortic regurgitation). These murmurs were verified by Dr. O'Sullivan, and a number of other medical gentlemen who saw the case. At times she presented also a systolic murmur. The aortic murmur was also sometimes absent, but the mitral direct was invariably present. She died in a paroxysm of dyspnoea.

Post-mortem examination.—The heart is extremely soft and flabby, and presents the microscopical and gross appearances of fatty degeneration; its weight is twelve ounces. The left ventricle is somewhat dilated, the thickness of its walls at the thickest part being little under the average, three-eighths of an inch; the right ventricle is still more dilated, the thickness of its walls at the thickest part being only three-sixteenths of an inch; both auricles were also dilated. The mitral orifice presents us with considerable contraction; the two curtains are united by their sides, forming the "button-hole slit;" the contraction is such as to admit only the end of my little finger. The aortic valves appear to me to be a little atrophied, though I regret that the water test was not employed, nor measurements taken to prove the point. The question has arisen in my mind whether they might not be sound. I suppose that the slightest insufficiency might produce an aortic regurgitative murmur, but it has occurred to me that it also might be caused by the passage of blood through the contracted mitral orifice, immediately after the ventricular systole, while the auricle was being filled. I would mention that there was a jugular pulsation synchronous with the contraction of the auricle. The right cavities were largely distended with liquid blood and soft dark coagula.

ARACHNOID EFFUSION DEPENDING UPON PNEUMONIA.

DR. LEWIS SMITH presented the lungs taken from a female child who died at the age of nine months, being at the time under the care of Dr. Lambert. Nothing unusual was noticed in her condition until she was about five months old, when she began to waste away. The emaciation continued, though she was wet-nursed and treated with great care. About six or eight weeks before her death she was seized with a dry hacking cough. On the 13th or 14th of the present month she was suddenly attacked with tonic spasms; opisthotonos was a prominent feature. These spasms returned on the 20th, and terminated with her life. During the last week or two before her death her breath-

ing was somewhat accelerated, and she was troubled considerably with meteorismus. On the day following her death a post-mortem examination was made:—About an ounce of clear colored serum was found in the arachnoid, and a slight sanguineous effusion was also discovered on the right hemisphere of the cerebrum. The substance of the brain appeared healthy. The mucous membrane of the trachea was slightly vascular. The upper lobe and the posterior portion of the left lung was emphysematous. The posterior portion on the right side was hepatized. Examined under the microscope oil globules and the compound granular cells were found in abundance. The liver was rather small, and almost destitute of oil globules, in fact the hepatic cells contained hardly any. The kidneys were healthy; the mesenteric glands were enlarged, and of light color, but not tuberculous; the heart was healthy, and the ductus arteriosus was closed as usual with a firm plug of fibrine.

The points of interest were, 1st, The serous effusion in the cranial cavity; 2d, The probable dependence of this effusion upon the pneumonia; and 3d, The absence of tuberculous deposit.

Progress of Medical Science.

PREPARED BY DR. P. F. C. DESLANDES.

ON VACCINATION OF INFANTS.

THE question raised in the *Société Médicale des Hôpitaux de Paris*, by M. E. Barthes, with relation to the vaccination of children during the first days following birth, has brought out several communications which may assist in its solution.

In a letter dated August 28th, 1861, Dr. Ragaine, of Mortagne (Orne), writes to the *Gazette des Hôpitaux*: "We have practised vaccination of children, young, delicate, thin, and whose skin was so flabby that it was difficult to make it tense enough to introduce the point of a lancet, and yet we never have seen any of these children, whose number reaches at present to four hundred, fall sick a few days after the operation. The oldest of these children was hardly one month old, the others were eight, fifteen, and twenty days old. The vaccine has constantly appeared to us mild and benign in these poor little beings. We have observed neither roseola, nor erysipelas, nor enteritis; the few diarrhoeas which have come under our notice may be attributed to other causes than vaccination."

Dr. Barillier, physician to the children's hospital of Bordeaux, differs entirely from Dr. Ragaine, as his letter to the same editor will show. He says:—"I am not partisan of premature vaccination, and the following are my reasons: In the nursing department, which receives the foundlings and indigent children, the regulations impose upon us the obligation of sending to the country, a few days after their admission, the children which are not sick. To conform to this condition we are obliged to vaccinate the children the very next day after their arrival. These children, who have often suffered before their admission (either from want of care or insufficient nursing), present the third or fourth day after their vaccination various symptoms: almost always some fever, and, like M. Blache, my much honored master, I have seen violent inflammations, deep ulcerations, etc., which have sometimes carried away our children in a few days. On the contrary, these accidents are much less frequent in those whom the administration keeps in the hospital, or who, being sick, previous to their entrance, have been vaccinated at a later period. I do not think that in Bordeaux vaccination becomes sometimes indirectly a cause of death, by delaying the removal to the country of the children kept in the hospital, a fact observed by M. Hervieux in Paris. The conditions, it is true, may not be

the same in the hospital for children. At Bordeaux the children of the hospital have each an excellent nurse; it was not so in Paris several years ago. I think then that, in hospitals, it is better not to vaccinate children before the second or third month. Another advantage to be derived from this practice is, that it will preserve the country nurses to whom we intrust the children, from syphilitic contagion; for often the manifestations of infantile syphilis are slow (two months). This consideration has always induced me to delay the vaccination of suspected children to the third month, and I always have had reason to be satisfied with this reserve, the more so that variola is very rare before the age of three or four months. An important fact in regard to vaccination is this: At the hospital of Bordeaux, from the month of May to the month of June, 1861, we have not vaccinated one child without seeing this operation followed by erysipelas, often extensive, around the vaccine pustules (eight times has this accident occurred, and two children have died). Three times the vaccine pimple served as starting point to very extensive gangrenous ulcerations, which have carried off our little patient. However, we took care each time to use new vaccine, and derived from a good source. In two cases one single puncture was made on each arm; erysipelas nevertheless made its appearance. (An epidemic reigned then in our wards; we should then abstain from vaccinating during an epidemic of erysipelas.)

The following communication is from Dr. Liégard, of Caen: "About twenty years ago, my friend, Dr. Carting, had only two daughters when his wife was delivered of a little boy, which made him very happy. He intended to wait till he was a month old to vaccinate him, but about the sixth day that child was attacked with a confluent variola, to which he soon fell a victim. The grief of my poor friend, and the reproaches he addressed to himself, made a deep impression upon me, and from that time I have performed this little operation during the eight or ten first days of life, and I never have observed the least accident which might be attributed to this practice. I have done so with my own children; my eldest son was vaccinated the third day after birth. Our learned master, Husson, was also very partial to early vaccination. Some one asked him one day in my presence, at what age he had vaccinated his son. Three hours after birth, replied he. This fact proves what confidence this great practitioner had in early vaccination. His opinion and that of M. Bousquet, which are alike, ought to have a great weight. I will conclude by relating cases which occurred in my own practice:—Case 1. On the 3d of May last Madame H. was delivered at half past eight o'clock in the morning, of a strong healthy boy. At noon of the same day I had several children to vaccinate with very fine vaccine taken from the arm of a child fifteen days old, strong and healthy. I seized this opportunity to vaccinate the little boy born three hours and a half before. I made six punctures, which gave six magnificent pustules. Case 2.—Eight days after, by a singular coincidence, Mme. V., sister of Mme. H., gave birth at seven o'clock in the morning to a healthy little girl. Four hours after I vaccinated this child with vaccine taken from the arm of her little cousin. I made six punctures, which gave five beautiful pustules. These two children have not been, any more than the others, indisposed in the least, from this early vaccination. The only inconvenience I have observed of vaccination thus practised a few days or a few hours only after birth, is that sometimes, and more particularly in very small and very weak children, the pustules do not make their appearance, and vaccination is to be practised again a little later. In these very puny children I never make more than one puncture in each arm."

(To be Continued.)

ILLINOIS STATE MEDICAL SOCIETY.—The Eleventh Regular Annual Meeting of the Illinois State Medical Society will be held at Jacksonville, commencing on the first Tuesday in May, 1862.

American Medical Times.

SATURDAY, APRIL 5, 1862.

OUR MEDICAL SOCIETIES.

THE benefits arising from medical societies no right-thinking person can too highly appreciate. In affording a medium for communication between a number of individuals who have interests in common, they unquestionably serve to promulgate and render practical the great truths of our science. Considered also in a social point of view they exercise an obvious influence over the conduct of the profession at large. But notwithstanding the many opportunities for doing good possessed by such bodies, they frequently fall far short of the accomplishment of their true designs. The reason for this lack of usefulness is to be found principally in the scarcity of published proceedings which emanate from them. Our societies throughout the country are very numerous and influential, but with few exceptions their transactions are buried in their individual archives.

The New York Academy of Medicine, to its credit be it said, has taken a desirable stand in this matter, and gives to the medical world, at stated intervals, its papers in the form of Transactions, and its discussions in a well conducted Bulletin. More could not be asked of any scientific body. The N. Y. Pathological Society also is commencing to follow the example, but only in respect to a Bulletin of its proceedings from the commencement of the present year. This step is one that deserves encouragement, and will, undoubtedly, meet with the approbation of every lover of pathological science. But, at the same time, every one must regret that no measures have as yet been taken to give to the public the many valuable papers, and discussions upon them, which are to be found in the memoirs since 1844. This society has, since its establishment, worked faithfully, regularly, and untiringly, and it is fair to suppose that its doings of past years are worthy of no mean place in the literature of pathological anatomy. We hope the society will devise some means by which this vast amount of material may be rendered available.

Of the other smaller societies in New York we hear from them occasionally in the shape of a meagre and isolated report, and yet we have every reason to believe that the proceedings of almost every meeting are worthy of a place upon record. While the scarcity of numbers and pecuniary disabilities might, in these cases, prove an argument against the publication of a volume, it is certainly no index of the enterprise of the body in not furnishing at longer or shorter intervals one well digested report. The publication of its proceedings not only confers a benefit upon the society as a whole, in giving it character, but it exerts a salutary influence upon the individual members in stimulating them to praiseworthy exertions, and insuring on their part an exactness of description and an increased profundity of research. Each member is aware that he is personally accountable for the views he entertains, and he is, consequently, more particular that no hasty assertion shall be made.

Every society advances in usefulness, and subserves the

general interest, just in proportion as it confines itself to scientific matters. Too much time is generally occupied in the transaction of ordinary business, and there is often too strong a disposition to transform scientific into legislative bodies. No society in this country can claim to have a legislative character except, perhaps, the American Medical Association, and the Medical Society of the State of New York; the former, a true representative of the opinions of the whole class of American physicians, and the latter the only association endowed with special rights by the state legislature. To these, then, we should be satisfied to leave our legislation, and be content, in our other societies, with only such action as will insure the enforcement of the rules of order. Another thought suggests itself in this connexion, having also reference to the saving of time, and that is, the transaction of all mere business matters only after the scientific discussions are ended. The experience of one of the most learned societies has amply proved the practicability of such a system in rendering its meetings in the highest degree interesting and profitable. Under such circumstances no disposition is shown to enter into discussions of parliamentary usages, neither is there time left for personal quarrels; the executive business is transacted in a summary manner and no one is dissatisfied. Every society, of course, has its particular stumbling-blocks, members who have always something to say on every subject, and who, from their known character for superficiality, empty-headedness, and presumption, are never listened to, and only serve to waste valuable time. If such members would even have propriety enough to speak to the point they might by chance be tolerated, but when they seize every opportunity to become verbose and tedious, supporting crude ideas by worse philosophy, every one learns to dread their rising. We fear no remedy exists for this evil, which, we are sorry to say, is quite rife in our various societies, except, perhaps, a friendly hint to those who are not so lost in their own conceit as not to heed it.

For the past year the various societies in our city have shown a commendable zeal in furthering the cause of science. Before the Academy of Medicine many learned papers have been read and thoroughly discussed, and we deem it our duty here to state that the members of this body are under no small obligation to their President for his indefatigable zeal in thus securing for them such profitable meetings. The Pathological Society has so thoroughly established its character for sound practical investigation that it stands in need of no special commendation. Its meetings have been largely attended, by both students and the profession generally. The various sections of the Academy, particularly the surgical and obstetric, have shown an amount of enterprise that reflects the highest degree of credit upon the energy and hospitality of their respective chairmen. We are glad to see that other sections are beginning to follow their example, and we hope that ere long they will all be in a condition to reflect credit on the renowned parent society. The other medical societies have transacted their usual amount of business, and we may be excused from a separate allusion to each by making the general statement that there has been a greater number of valuable papers read before them during the past year than during any similar time in their own recollection. They are all in good working trim, and with the exception of the few drawbacks to usefulness referred to, we see in them nothing but to praise.

THE WEEK.

A PITIFUL effort was recently made in the Legislature of this State to prevent the publication of the Transactions of the State Medical Society. The Hon. Dr. BOWEN, Chairman of the Committee on Medical Societies and Colleges, replied in a happy vein to the remarks of the mover of the proposition. Referring to the volume of transactions for the present year he called attention to some facts our legislators would do well to read, understand, and act upon:—

"Sir, whoever will take the pains to examine the Transactions of the Society for the past year, will there see enough to satisfy him of the progress going on in the Profession for the amelioration of the ills of suffering humanity. He can there glance at the recent improvement so faithfully delineated in the management of fractured limbs; he can there become acquainted with some of the Topographical influences which not only induce certain forms of disease, but have a powerful influence in their modification and duration. He can there learn something of the laws by which sanitary regulations may be governed, which may be vastly useful as a matter of political importance, and as a matter connected with the prosperity of the State, as revealed in the great study of vital statistics."

This is a truthful and well timed recognition of the great value of a knowledge of the medical topography of the State. As a matter of justice the Legislature should engage the State Medical Society to make a complete sanitary survey of the State, as the basis for enlightened legislation in matters pertaining to the improvement of the salubrity of many districts, and its cities and villages. We hope the day is not distant when our representatives must have as the first article of their political catechism, the following proposition, recently laid down by the English statesman, Lord Stanley: "The greatest and the most tangible good that can be conferred upon a people by their rulers is to improve their sanitary condition." In conclusion, the speaker paid the following eloquent tribute to the profession, and his fellow medical members:—

"Mr. Speaker, I forbear in the presence of this House to recount the instances of toil, the self-sacrifice, the devotedness to the requisitions of poor afflicted humanity, as borne by the Medical profession. Your own observation, aye, your own experience by your own hearthstone and within your own household, must have convinced you of this. I call your attention to the fact which cannot have escaped your keen observation, that no class of men on this floor have with more assiduity applied themselves to the sacred behests of those who commissioned them here."

THE Metropolitan Health Bill is making good progress through the Legislature of this State, and if it meets with no other opposition than fair argument and legitimate legislative opposition, will certainly become a law. And there never was placed on the statute book a law more wise, more just, and capable of doing an equal amount of good. But mark! directly in its path appears again that omnipotent power, which for three successive years has in some way, we need not tell how, proved its defeat! A morning paper of this city says in last Tuesday's issue:—

"We learn that the employees of the City Inspector's Department were yesterday assessed one month's pay—which in the aggregate is a large sum—ostensibly for the purpose of defeating the new Metropolitan Health Bill, now before the Legislature. It will be remembered that

the same department sent Ald. John H. Brady to Albany last year, with \$9,000, for the same disinterested object."

The country has this year manifested great interest in the passage of laws for the better regulation of the Health Department of New York city, and large and small towns have memorialized the Legislature to enact needful measures of reform. And well they may, for it is shown that this city daily scatters far and wide the loathsome diseases which bring death to many a country family circle, and desolation to the domestic hearthstone, where health alone would reign were the foul sources of these diseases exterminated from this commercial centre. But let us give our country friends timely warning that their wishes are liable to be defeated by New York gold! Let them mark well the votes which their representatives give against a measure which commands the united support of all the good citizens of this death-ridden city!

ONE of the most urgent wants of the profession of this city is a depot where spirituous liquors of a reliable quality can be obtained for medicinal purposes. Heretofore it has been next to impossible to secure on prescription any form of ardent spirits that was not of an inferior quality, if not positively adulterated with the most injurious ingredients. Several of the leading physicians of this city have endeavored to secure an agency here which should supply the profession with at least one article—Bourbon whiskey—of a perfectly reliable quality. They will have done the profession a good service if such proves, as we believe it will, both medicinal and palatable.

Reviews.

COURSE OF LECTURES ON THE PHYSIOLOGY AND PATHOLOGY OF THE CENTRAL NERVOUS SYSTEM, delivered at the Royal College of Surgeons of England, in May, 1858, by E. Brown-Séquard, M.D., F.R.S. 1860. Philadelphia. J. B. Lippincott & Co.

LECTURES ON THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS OF PARALYSIS OF THE LOWER EXTREMITIES, by E. Brown-Séquard, M.D., F.R.S. 1861. Philadelphia. J. B. Lippincott & Co.

(Continued from page 184.)

THE origin of the sympathetic is partly in the spinal cord, partly in the higher portions of the encephalon, but chiefly in the medulla oblongata and neighboring parts of the encephalon. The vaso-motor nerve fibres, or motor nerve fibres of the sympathetic going to bloodvessels, reach the brain and the cerebellum, passing along the spinal cord, the medulla oblongata, and the pons varolii. Through these fibres is exerted the nervous influence upon nutrition, absorption, and secretion, and besides that action determining the changes in the elements of the tissues. The principal phenomena observed after the section, or the galvanization, as well as the irritation of the sympathetic, may be classed as follows:—Section of the nerve—producing dilatation of blood-vessels, and upon it afflux of blood, with increase of vital properties and of temperature. Galvanization, or irritation of the nerve—producing contraction of blood-vessels, and upon it diminution of blood, with decrease of vital properties and of temperature.

The physiology of the medulla oblongata is considerably elucidated by Dr. Brown-Séquard. The depth of the physiologist is evident in his experiments to prove that this part of the nervous system has been erroneously considered as the focus of life. So, no more mysterious action of the

small amount of grey matter, near the nib of the calamus scriptorius, looked upon by the celebrated Flourens as the *vital knot*, since it may be extirpated without death. Nor has the oblong medulla any exclusive influence on respiratory movements. Vivisections show that they may cease either after removal of the pons varolii alone, or simply of the small origin of the par vagum, the rest of the medulla oblongata being untouched, or after the ablation of the encephalon except the whole medulla oblongata. In animals whose spinal cord is rich in grey matter, and possesses a powerful reflex faculty (alligators, birds, kittens, and puppies), we find respiration persisting after the whole of the encephalon, including the oblong medulla, has been extirpated. Moreover, cases have been observed, of quite destruction of the medulla oblongata, with, however, a more or less free communication between the pons varolii and the spinal cord, in which, nevertheless, respiration continued to take place. Therefore, the respiratory movements depend upon the incito-motory parts of the cerebro-spinal axis, and on the grey matter connecting them with the motor nerves going to the respiratory muscles. According to this theory, the principal cause of respiration is in the lungs, as supposed by Marshall Hall; but excitations coming from all parts of the body, as shown by Volkmann and Vierordt, and also direct irritation of the base of the encephalon and of the spinal cord, almost constantly taking place, contribute to the production of the respiratory movements.

Vertigo, rotatory movements, and other kinds of convulsions may ensue after irritation of the acoustic nerve. The chief cause of rotatory convulsions is often a tonic contraction of some muscles of the neck, though they may also depend upon troubles in the nutrition of certain parts of the brain, from changes in its blood-vessels.

"There is, in some parts of the base of the encephalon, a property of acting in a persistent manner to produce muscular spasms, during and after, even a slight mechanical excitation. These parts are different from those employed in the transmission of sensitive impressions or of the orders of the will to muscles, at least in the medulla oblongata and pons varolii. They constitute a very large portion of those two organs, and perhaps three-fourths of the first one; they are placed chiefly in the lateral and posterior columns of these organs; many of their fibres do not decussate and produce spasms of the corresponding side of the body; they seem to contain most of the vaso-motor nerves, by which directly or through a reflex action, they may act on other parts of the nervous system; they have much to do with the phenomena of several, if not most, of the convulsive diseases; and lastly, the history of their properties and actions throws a great deal of light on the effects of extirpation or diseases of the cerebellum."

It is easy to seize the connexion between these phenomena and the development of epilepsy, artificially produced in animals by Dr. Brown-Séguard, after injuries to the spinal cord. His experiments have led him to assert:

"1st, That the spinal cord in animals may be the *cause* (not the *seat*) of an epileptic affection.

"2d, That there is a mysterious relation between certain parts of the spinal cord and remote parts of the skin of the face and neck.

"3d, That epileptiform convulsions may be the constant consequence of slight irritation upon certain nerves.

"4th, That the trunk of a nerve may not have the power of producing convulsions, whilst its cutaneous ramifications possess this power.

"5th, That even when an epileptiform affection has its primitive *cause* in the nervous centres, some cutaneous filaments of nerves not directly connected with the injured parts of these centres, have a power of producing convulsions, which other nerves, even directly connected with them, have not."

The base of the encephalon, and especially the medulla oblongata, is the most frequent seat of the increase in the reflex excitability, which, together with the loss of control that, in normal conditions, the will possesses over the reflex faculty, constitutes the essential conditions of epilepsy.

The most frequent filiation of the phenomena in this affection may be thus represented:—

CAUSES.

1. Excitation of certain parts of the excito-motory side of the nervous centre.

2. Contraction of the blood-vessels of the brain proper.

3. Extension of the first excitation, *partly* due to the accumulation of blood in the base of the encephalon.

4. Contraction of laryngeal and of thoracic expiratory muscles.

5. Further extension of the first excitation of the nervous centre.

6. Loss of consciousness, and tonic contraction in the trunk and limbs.

7. Laryngismus, trachelismus, and the fixed state of the chest.

8. Asphyxia, and the accumulation of black blood in the encephalon, and in the spinal cord.

9. Exhaustion of nervous power generally, and of the reflex faculty especially, except for respiration, which gradually becomes normal.

EFFECTS.

1. Contraction of blood-vessels of the brain proper and of the face, spasm of some muscles of the eye and face.

2. Loss of consciousness, and accumulation of blood in the base of the encephalon.

3. Tonic contraction of the laryngeal, the cervical, and the thoracic expiratory muscles (laryngismus and trachelismus).

4. Crying, and stoppage of respiration.

5. Tonic contraction, extending to most of the muscles of the trunk and limbs.

6. Falling.

7. Asphyxia, with obstacles to the return of venous blood from the head, and the spinal cavity.

8. *Clonic convulsions* everywhere; contractions of the bowels, the bladder, the uterus; erection; increase of many secretions; efforts at inspiration.

9. Cessation of the convulsions; coma or heavy sleep, after which extreme fatigue and headache.

Dr. Brown-Séguard insists upon the existence of an *aura* originated from any part of a centripetal nerve, and often unfelt, preceding the fit, even in epilepsy due to encephalic lesion. Application of galvanism to the skin or of ligature on each limb alternately, are the best means of detecting the existence in them of an unfelt aura, by producing in the first instance the fit, which in the second is prevented.

The treatment of epilepsy may be resumed: in preventing the outside irritation to reach the nervous centres, and in modifying their nutrition to forestall their abnormal excitability. Moxas, or cauterization by red hot iron applied to the back of the neck, are successful means for this last purpose.

Dr. Brown-Séguard gives us full example of reflex actions as a fundamental cause of disturbance, not only of secretion and nutrition, but also of functions of the brain and of the whole nervous system. The absence of influence of this latter on any part of the body, is hardly a cause of other alterations of nutrition than atrophy, while the irritation of the nervous system is a most powerful direct or reflex cause of a great many morbid changes in nutrition and secretion.

As regards the troubles in sensibility and motricity it should be observed that, in diseases of the spinal cord, the referring sensations to the periphery of the body (pain, formication, prickling, etc.) are a valuable sign of either inflammation in the grey matter or of irritation in the posterior roots. A variable spasmodic flexion of the thighs and legs is likewise peculiar with diseases of the spinal cord. This symptom has not been observed in any disease of the encephalon, the spinal cord being healthy. It was considered by Bellingeri, Valentin, and Oppolzer, as pathogno-

monic of a lesion in the anterior columns of the cord, that of the posterior columns being attended with the spasm of the extensor muscles. The distinction, however, is contradicted by several pathological cases, and in tetanus, when almost always the extensor muscles are chiefly convulsed, the anterior columns of the cord are frequently found altered, instead of the posterior, as it should be according to the above theory.

Anæsthesia and loss of temperature always accompany each other, except in lesion of the brain proper, which might be consequent upon a decussation of vaso-motor nerve fibres above the pons varolii, as otherwise these fibres appear to have little or no crossing in the cerebro-spinal axis. Anæsthesia alone is quite impossible from alteration of the spinal cord. It could ensue only upon longitudinal division on the very median line of the cord, without any other injury—as in longitudinal wounds of the spine, or in spina bifida. Dr. Depaul observed sensibility lost, and voluntary movements partly preserved, in a case of *diplo-myelia* (congenital division of the spinal cord). Certainly, diseases of the encephalon, poisoning by lead, belladonna, arsenic, etc., and frequently a morbid reflex action may produce anæsthesia; but with diseases of the spinal cord it is the effect of alteration in the central grey matter. This conclusion seems to hold good also with respect to the loss of each of the various kinds of sensibility.

Correspondence.

THE SPECULUM IN USING THE TAMPON.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The suggestion of Dr. E. P. Bennet, in regard to the use of the speculum in plugging the vagina to restrain uterine hæmorrhage, is a good one. With a view of giving some additional hints upon the use of the tampon I am induced to cite the following case.

July 23, 1860, was called to see Mrs. B—, æt. 30; has borne four children, and now three months pregnant; she had had a fall followed by slight hæmorrhage at first, which increasing finally brought on severe labor pains. By a digital examination I found the placenta protruding from the os, which I succeeded in removing. The pains and hæmorrhage ceased, and all went well for three weeks, when the patient walked two miles and picked a pail of berries, carrying a child one and a half year of age in her arms. On her return she was taken with alarming uterine hæmorrhage; I was called, found her completely blanched; although of a full habit, fainting from the slightest exertion. I resorted to the various usual remedies for hæmorrhage, such as ergot, lead, tannin, alum, and gallic acid—ice over the uterus, and active stimulants to keep up the strength. As the loss of blood had been so great I resorted at once to the use of the tampon, using sponge and soft rags wet with alum water; but after a few hours the blood would find its way through and around the plug, which would induce me to remove it with a view of adjusting it more perfectly. As might be expected I soon had the external parts in so irritable a state as to prevent my placing the plugs even as perfectly as at first. This state of things continued for three days in spite of all my remedies, medical or mechanical, when it occurred to me to use the speculum in placing my tampon, which I found was a great saving of pain to my patient, and permitted me to press the plug firmly upon the os. I used dry cotton batting, made up into little balls of a proper size to pass readily through the speculum; one after another of these pledgets of cotton was passed through the speculum and pressed firmly upon the os, the speculum being gradually withdrawn as the vagina was filled until it was perfectly packed. (I have since learned to tie the pellets of cotton upon a piece of common wrapping twine some six inches apart, something like the tail of a boy's

kite, and then leaving a bit of the twine hanging out by which the whole may be withdrawn). This was permitted to remain until next day: no blood had passed through it. By the aid of the speculum I discovered that the hæmorrhage came from a ragged ulcerated surface covering the anterior and posterior lips, dipping down into, in fact lining, the whole cervical canal, which was patulous and open. Blood was oozing from the whole surface so rapidly as to almost fill the speculum. I applied the solid nitrate of silver thoroughly, and again applied the tampon as before. This treatment was continued for four or five days, the blood never finding its way through the dry cotton; the hæmorrhage, when the tampon was removed, becoming gradually less and less until it entirely ceased.

Yours, etc.,

SAMUEL MITCHELL, M.D.

CAMERON MILLA, STEUBEN CO., N. Y.,
March 24, 1862.

Army Medical Intelligence.

SANTA ROSA ISLE.

HEALTH OF THE SIXTH REGIMENT OF N. Y. VOLS.—INTERESTING GUN-SHOT WOUNDS.

[Army Correspondence of the AMERICAN MEDICAL TIMES.]

CONTRARY to general expectation we have found this post, though wanting in incident and interest, very healthy, having lost but four men by disease, during a residence of eight months. Through the Fall our sick report was rather heavy, in consequence of severe picket and fatigue duty; the arrival of the 75th to share our labors, has, however, materially and quickly reduced its bulk, the hospital patients at present numbering thirteen, those in quarters eleven. In comparing the medical statistics of different regiments, an immense want of proportion in their number of sick is immediately observable. This is due to one surgeon registering all his patients both in quarters and hospital, while another records the latter alone. Though we have had a fair share of other diseases, as catarrh, pneumonia, typhoid fever, etc., yet by far the greater number of cases have been dysenteric. These have arisen from causes the most opposite—heat, cold, wet, food, and water. I have tried most of the usual remedies for combating this military scourge, and am convinced that calomel has the strongest claims to our attention, approaching almost to a specific. My method of prescribing this medicine has been in small doses, with or without opium, for from one to three days, and then administering a dose of oil. I have sometimes found it necessary to push this treatment as far as gentle salivation.

After participating in one fight and two bombardments we have had some instances of wounds from fire-arms; the two following appear to me the most interesting:—

I.—On the 1st of January Thomas Moran of Co. I, whilst taking supper, was struck by a piece of shell in the calf of the right leg. When brought to hospital, though a comrade had tied a handkerchief round the limb, he had lost a considerable quantity of blood. There were two openings, one three inches below the knee, and a little to the inside of the median line, the other, and larger one, an inch and a half below the joint, to the outside of the leg. The hæmorrhage proved so troublesome that a free incision was made down to the back wound, which was filled with compressed sponge, and the limb bandaged. For eighteen hours after the receipt of injury both myself and Dr. Benedict, surgeon to the 75th (who afterwards kindly assisted at the operation), detected pulsation in the posterior tibial artery. The patient rallied considerably during the first night, but on the second day he was sinking fast, and the leg having commenced to mortify amputation was decided on. Dr. Pease, surgeon to the regiment, operated at the middle of the thigh, and even there pus was found in the cellular tissue. The man died in an

hour after. On examination the gastrocnemius and soleus were found torn through, the head of the fibula slightly scraped, but no large vessels injured. In this case the holes of exit and entry, though jagged and irregular, were nowhere more than an inch in diameter, no large artery was touched, yet the fatal effects of shell wounds were demonstrated, the muscles being extensively lacerated, and the limb as it were shocked to death.

II.—James Marshall of Co. C., quarrelled with and beat a tent-mate, named Blaney, who, in self-defence, seized his gun (a rifled minié musket). Two comrades tried to wrest the weapon from Blaney, at the same time that Marshall seized it by the barrel; in the scuffle that ensued Blaney discharged the piece, having kept his forefinger on the trigger all the time. The ball cut through Marshall's trousers, about two and a half inches above the knee, on the outside of the thigh, blackening but not piercing his drawers, and making a slight bruise on the skin beneath. Proceeding downwards it entered the leg two and a half inches below the knee, and passing along the peroneus longus, close beneath the skin, came out between the peroneus brevis and extensor communis. The distance from wound of entry to that of exit was four inches, the latter being three inches in length, appearing like a clean cut, one inch deep. The bullet, after leaving the leg, went through a hard pine plank, one inch thick, and was found scarcely altered in shape, embedded two inches in the sand. From the position the men (who are about the same height) stood in, one having his finger on the trigger, the other held of the barrel of the gun, it is evident that it could not have been inclined at an angle greater than 120°, according to Blaney's account not so great. Here, contrary to the established course of minié balls, straight through all impediments, we have an instance (the first I believe ever recorded), in which one was deflected by a pair of cotton drawers. Marshall has since progressed very favorably. Some slight suppuration took place along the track of the bullet, and at the wound of exit a little fascia sloughed away, requiring a few poultices. At present, with the aid of straps and water dressing, both wounds have almost entirely healed, and the man will be fit for duty in another week.

EDMUND LYNCH,
Asst. Surgeon, 6th Regt. N. Y. V.

SANTA ROSA ISLE, Feb. 22, 1862.

HEALTH OF TROOPS AT NEW MADRID.

[Army Correspondence of the AMERICAN MEDICAL TIMES.]

NEW MADRID is ours, and like most other towns and places occupied by rebels, and subsequently by our troops, presents some points of interest. In the first place a good portion of the town was burned, and the balance destroyed by the rebels before leaving, and desolation and ruin reign supreme. Our forces, with the exception of a few companies garrisoning the two forts, are encamped two and a half miles from town in an immense cornfield. The country is perfectly level, soil rather sandy, but still enough clay and loam to make it muddy and wet. For the first week after our arrival it rained constantly, and we had no water but surface water, as the enemy prevented our going to the river, and the whole command was greatly troubled with diarrhoea; and as we were obliged to encamp in the mud, without straw or forage to sleep upon, many began to suffer with pneumonia and rheumatism. But the past two weeks the weather has been less wet, each regiment has dug wells, getting a fair supply of water twenty-two feet from surface, and take it altogether the health of the command is greatly improved, and at present may be considered good.

I am sorry to say we are still troubled with the old scourge, variola. I have now in my charge seventeen cases, and I have about come to the conclusion that I am the one who is destined to take charge of this pest wher-

ever I go. I had hoped when I left the Upper Missouri, that some other person would have the extreme felicity of ministering to its demands, but the shirt of Nessus is nothing compared to it. I am the victim to look after it still, and suppose I may as well yield quietly. I am very glad to say that thus far I have not lost a case of variola this winter, and hope the good luck will continue. Our loss in killed and wounded on the last day's bombardment, and several skirmishes previously, amounted to about thirty-five. Most of the casualties were the result of shot and shell. One shell took off the right legs of three men, all requiring amputation above the knee. Several were severely injured in the body with pieces of shell, and have since died. The wounds being made by shell and round shot were all very severe. The number killed and since dead is nine; the balance all seem doing well. I send you a morning report which I picked up in a house of the Eleventh Arkansas regiment, stationed at this place in February and March, from which you can judge of the healthfulness of this location. The aggregate force of the regiment was 847, and of this number the morning report of Feb. 9th shows 463 sick, leaving 239 privates for service after the extra duty men are deducted. In proof that this report is correct, I will state that I passed their burying ground of two acres yesterday, and it is planted all over with graves as close as it is possible to dig them.

Yours etc.,

CHARLES H. RAWSON,
Surgeon 5th Iowa Regt. Vols.

CAMP NEAR NEW MADRID, Mo.,
March 20, 1862.

REPORT OF CASES OCCURRING AT THE BATTLE OF ROANOKE ISLAND, VA.

[Army Correspondence of the AMERICAN MEDICAL TIMES.]

HAVING a little time to spare on our passage from Roanoke Island to Newbern, I thought I would employ it in giving you a short history of some of the most interesting surgical cases which have come under my notice at and since the battle at Roanoke Island.

On February 8th, shortly after 8 A.M., the first wounded man was brought from the field; from that time until half past eleven they fell fast, considering the number in action. The regiments composing the brigade to which I am attached were the principal ones engaged, and, unfortunately, one of our surgeons was sick, two were on board the gunboats, and one was wounded at the commencement of the action, leaving me but one surgeon and four assistant surgeons for the entire brigade.

The first case of interest was that of an old man belonging to the 25th Mass. Regt.; his arm was carried away above the elbow by a portion of shell. As soon as he was brought from the field, a small quantity of whiskey was given to him, and he was at once placed under chloroform (in all cases operated upon on the field under my direction that day chloroform was administered, always by a small piece of lint being laid over the nostrils and mouth, one thickness only, and the chloroform dropped on, in no case was there over one drachm used). The arm was amputated by Dr. Derby of the 25th Mass. by the flap operation. The recovery has been perfect, and the man has gone home.

The second case was a Corporal Lawrence of the 51st New York Regt., a man of fine healthy constitution; both his limbs were shattered below the knee. They were immediately amputated just below the joint, one by myself, and the other by Dr. Rivers of the 6th N. H. Regt. This man has gone on recovering without one bad symptom, both stumps united in almost the whole extent by first intention. The operation was circular.

The third was an old man with a gun-shot wound in the knee-joint, passing through the left knee and partly through the right; the bones were badly comminuted, the lower third of femur being in small fragments. I amputated the left limb just above the juncture of lower and middle third

the stump has done well and there has been perfect union. The right leg is still suppurating freely from the opening into the joint, and I fear cannot be saved, but every effort will be made to produce ankylosis of the joint. The surgeon in whose charge he is left has promised to write to me as to his future progress.

I also amputated two lower extremities below the knee, and one arm below the elbow-joint, in each case for gunshot wound, producing compound comminuted fractures, so extensive in character as to forbid all hope of saving the limb; both men who lost their lower limbs have done well, but the young man whose arm I amputated died in forty-eight hours from a grapeshot wound in the bowels, which I did not notice when he was brought off the field.

One young man had the lower jaw fractured by a Minié ball; the ball entered in front of the facial artery on the right side, and passed out behind the artery on the left side. I removed that portion of the jaw between the angles and some splinters from the ascending ramus on left side, leaving as much of the periosteum as possible; he has done extremely well, and gone home on leave of absence. In one case of gunshot wound of the forearm fracturing the radius, Dr. Green of the 24th Mass. excised the fractured portion of the bone with a most satisfactory result, and this, I think, is the only secondary operation which has been satisfactory in its results. Both of the others mentioned were performed on the field without waiting for any reaction to take place. The patients, since that time, have been placed in a position where it has been impossible to procure fresh provisions, and hence their diet has been very unsatisfactory.

If all the surgeons engaged in the present war will make a note of the cases operated upon on the field, without waiting for any reaction to take place, and those which are deferred for secondary operations, it would make a series of valuable statistics for future reference.

If we have any fighting, as we expect, at Newbern, I will send you an account of the wounded.

Yours etc.,

J. H. THOMPSON,
Brigade Surgeon, U.S.A.

PAMLICO SOUND, March 12, 1862.

Medical News.

PROSPECTUS OF THE "NEW YORK ANNUAL MEDICAL REGISTER," FOR 1862.—This volume will contain: Brief notices of all the Medical Societies in this city, giving the date of their foundation and incorporation, their officers and members for the current year, their Presidents, from their organization, when obtainable, the time and places of meeting, fees, dues, etc. The American Medical Association and N. Y. State Medical Society will also be included in the work. A selection of the principal Laws of the State, now in force, specially relating to the practice of Physic and Pharmacy in this city, together with the Code of Ethics of the American Medical Association. The more important data of historical interest connected with the numerous Hospitals, Infirmarys, and Dispensaries of the Metropolis, with present Officers, Trustees, and Medical Staffs, also tabular statements of the leading statistics of each for the past eight or ten years. A short account of the several Medical Schools, with present Officers, Trustees, and Faculties, number of Alumni for each year since the first graduation, names and residences of the graduates in 1861; also the names of the recipients of the prizes annually awarded by those Institutions. The Board of Health for 1862, with lists of former Health Officers, Health Commissioners, Resident Physicians, City Inspectors and Coroners, as far back as procurable. Mortality of the city for 1861, also the ratio of deaths to the population, for quinquennial periods, from 1805 to 1862. Catalogue of all the Medical Works and Periodicals issued from the press in 1861; Medical Booksellers

and Publishers; Surgical Instrument, Microscope, Artificial Limb, etc., Makers; Police Surgeons, Physicians connected with Life Insurance Companies, etc. Medical Necrology for 1861. Several papers relative to Medical matters here three quarters of a century since. The design of the Compiler is to give a picture of New York as it is in a Medical point of view, and also to afford a convenient repository for such authentic memorials of the past as may from time to time be furnished him for that purpose, thereby supplying in some measure a desideratum heretofore existing in the Medical Literature of the Empire City. The volume will contain about 120 pages, in 12mo., and will be issued at a price sufficient only to cover the cost of publication. Should the work prove acceptable to the Profession, it is proposed to continue it annually, expanding, modifying, and rearranging the contents as circumstances may require, in order to render each succeeding number a decided improvement on its predecessor, thus, in the course of a few years, presenting a collection of facts, historical, biographical, and statistical, worthy, perhaps, of being preserved for future reference.

THE LATE DR. A. V. WILLIAMS.—The following resolutions of the Board of Trustees of the Astor Library render a deserved tribute to the memory of DR. A. V. WILLIAMS, whose useful life and noble traits were so truthfully noticed in *memoriam* by the graceful pen of Dr. Mott, in the last number of the MEDICAL TIMES:—

At a meeting of the Trustees of the Astor Library, on the 12th day of March, 1862—present, Mr. William B. Astor, President, and Messrs. Daniel Lord, Joseph G. Cogswell, Samuel B. Ruggles, the Reverend Dr. Thomas House Taylor, Mr. James Carson Brevoort, and Dr. Wolcott Gibbs, and his Honor George Opdyke, *ex officio*, Mayor of the city of New York—the following resolutions were unanimously adopted:—

Resolved, That the Trustees of the Astor Library have heard with profound regret of the death of their friend and associate Abraham V. Williams, M.D., whose earnest interest in the welfare of the Library, whose stainless integrity, eminent professional character, clear and comprehensive intellect, and manly and genial bearing, are remembered with honor and affection;

Resolved, That in the death of Dr. Williams the Library has lost a faithful and intelligent guardian, the cause of education an active and earnest advocate, the profession of medicine an eminent and useful member, and society a distinguished ornament;

Resolved, That the Trustees tender to the bereaved family of their friend and colleague the assurance of their sincere and earnest sympathy.

By order of the Board of Trustees the preceding copy of their resolutions is now transmitted to the family of their lamented associate.

March 12, 1862.

WM. B. ASTOR.

SAMUEL B. RUGGLES,
Secretary.

CHARLES H. RAWSON, M.D., Surgeon of the 5th Regt. Iowa Vols., has been appointed Brigade Surgeon. This is a well merited honor, both to Dr. Rawson, and the State of Iowa, which he alone represents in this capacity. Dr. R. is an accomplished surgeon, and will bring to the discharge of his more important duties great practical experience.

THE *strictest temperance* should be deemed incumbent on every member of the profession; for the practice of both the physician and surgeon, at all times, requires the exercise of a clear and vigorous understanding, and on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head, may be essential to the well-being, and even to the life of a fellow-creature. Philip of Macedon reposed with entire confidence and security on the vigilance and attention of his general, Parmenio. In his hours of mirth and conviviality, he was wont to say, "Let us drink, my friends; we may do it with safety, for Parmenio never drinks!" Let us admonish you, gentlemen, to be like Philip's general. For a physician who has confided to his care the lives of many should never drink.—*Prof. Baker's Valedictory.*

MARRIED.

SAWYER-GOOKING.—In Elkhorn, Wis., Feb. 19, 1862, by Rev. J. B. L. Soule, Dr. S. J. SAWYER, of Raymond, Racine Co., Wis., formerly House Surgeon, 3d Surgical Division, Bellevue Hospital, N. Y. City., to Miss HELEN A. GOOKING, of Belvidere, Ill.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 24th day of March to the 31st day of March, 1862.

Deaths.—Men, 79; women, 86; boys, 119; girls, 122—total, 406. Adults, 163; children, 241; males, 198; females, 208; colored, 10. Infants under two years of age, 151. Children reported of native parents, 35; foreign, 158.

Among the causes of death we notice:—Apoplexy, 8; Infantile convulsions, 35; croup, 8; diphtheria, 7; scarlet fever, 23; typhus and typhoid fevers, 10; consumption, 58; small-pox, 5; dropsy of head, 17; infantile marasmus, 23; diarrhoea and dysentery, 0; inflammation of brain, 10; of bowels, 8; of lungs, 29; bronchitis, 7; congestion of brain, 8; of lungs, 11; erysipelas, 8; whooping cough, 11; measles, 0. 231 deaths occurred from acute diseases and 87 from violent causes. 808 were native, and 108 foreign; of whom 64 came from Ireland; 0 died in the Immigrant Institution, and 68 in the City Charities; of whom 10 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Mar. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity Sat'ion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
22d.	29.44	.21	83	85	41	2	4	N.	8.5	898
23d.	29.50	.10	44	36	51	5	9	NE. to SW.	8	677
24th.	29.64	.15	87	84	50	4	6	S. to N.W.	6	725
25th.	29.80	.20	85	28	42	5	7	N.W.	5	681
26th.	29.91	.14	35	26	45	7	9	N.W.	.04	567
27th.	29.98	.04	39	23	50	8	12	N.W.	2	563
28th.	29.92	.04	39	28	50	8	13	N.W.	1	568

REMARKS.—22d, Light snow A.M.; clear late at night. 23d, Fog early A.M.; clear late at night. 24th, Fog early A.M.; very light rain at intervals; clear late at night. 25th, Wind fresh; clear early and late. 26th, 27th, and 28th, Mostly clear, with blustering wind.

MEDICAL DIARY OF THE WEEK.

Monday, April 7.	New York Hospital, Dr. Markoe, half-past 1 P.M. Bellevue Hospital, Dr. Thomas, half-past 1 P.M. Eye Infirmary, 12 M.
Tuesday, April 8.	New York Hospital, Dr. Halsted, half-past 1 P.M. Bellevue Hospital, Dr. Loomis, half-past 1 P.M. Ophthalmic Hospital, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, April 9.	New York Hospital, Dr. Griscom, half-past 1 P.M. Bellevue Hospital, Dr. Sayre, Is. Hos., half-past 1 P.M. Eye Infirmary, 12 M. Pathological Society, 8 P.M.
Thursday, April 10.	New York Hospital, Dr. Markoe, half-past 1 P.M. Bellevue Hospital, Dr. Elliot, half-past 1 P.M. Ophthalmic Hospital, Drs. Stephenson and Garrish, 1 P.M.
Friday, April 11.	New York Hospital, Dr. Halsted, half-past 1 P.M. Eye Infirmary, 12 M.
Saturday, April 12.	New York Hospital, Dr. Griscom, half-past 1 P.M. Bellevue Hospital, Dr. Wood's Clinic, 1 P.M. Ophthalmic Hospital, Drs. Stephenson and Garrish, 1 P.M.

BELLEVUE HOSPITAL MEDICAL COLLEGE.

ORDER OF LECTURES IN SPRING SESSION, 1862, FOR THE WEEK ENDING APRIL 12.

Monday, Prof. MOTT, 12 M.
Tuesday, Prof. ELLIOT, 12 M.
Wednesday, Prof. SAYRE, at Island Hospital, 2 P.M.
Wednesday, Prof. FLINT, at Island Hospital, 8 P.M., (steamer leaves at 1½ P.M.)
Thursday, Prof. WOOD, 12 M.
Friday, Prof. SMITH, 12 M.
Saturday, Prof. FLINT, Jr., 12 M.
Clinical Lectures by Prof. TAYLOR, Thursday, 1½ P.M.
" " by Prof. MCCREADY, Friday, 1½ P.M.

The order of Lectures for the coming week will be published weekly in the AMERICAN MEDICAL TIMES.

SPECIAL NOTICES.

NEW YORK COUNTY MEDICAL SOCIETY.—The Stated Monthly Meeting of this Society will be held at the College of Physicians and Surgeons, corner of Twenty-third street and Fourth Avenue, on Monday next, 7th inst., at 7½ o'clock P.M. Papers and scientific discussions expected.

Wm. H. Davol, M.D., late Physician
to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.
References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

John W. Shedden, Apothecary,

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Squibb's, Allen's, Tilden's, Herring's, and other fine preparations always on hand; also Pure Chloroform and Oxalate of Cerium prepared for us by Duncan Flockhart & Co., Edinburgh.

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American Medical Association.—

ANNUAL MEETING.—We, the undersigned, Committee of Arrangements of the American Medical Association, after free consultation with Officers and Members in each important section of the country accessible to the Committee, feel constrained to give notice to the profession, that the regular Annual Meeting of the Association is further postponed until the first Tuesday in June, 1863.

Committee.—N. S. Davis, J. Bloodgood, G. W. Freer, H. W. Jones, E. Andrews, D. Luakie Miller, Thos. Bevan.
CHICAGO, March 29, 1862.

To Physicians.—Jerome C. Smith,

M.D., late of McLean Asylum, near Boston, is prepared to receive into his house, 107 East 39th st., a limited number of Epileptics or Nervous Invalids for care and treatment. He can give them superior accommodations, and command the services of the most approved nurses.

References.—D. Tilden Brown, M.D., Supt. Bloomingdale Asylum, Manhattanville, N. Y. Edward R. Chapin, M.D., Supt. Kings Co. Lunatic Asylum, Flatbush, L. I. Moses H. Ranney, M.D., Supt. N. Y. City Lunatic Asylum, Blackwell's Island. John E. Tyler, M.D., Supt. McLean Asylum, Somerville, Mass. Rev. Wm. Adams, D.D., No. 8 East 24th St.

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This ANTI-GOUT preparation is among the numerous topical applications possessed by therapeutics, the best external remedy for Gout, RHEUMATISM, and NEURALGIA.

N.B. It is very important, in applying this oil, to rub gently on the inflamed part, till the skin is completely saturated with the oil.

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This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia*, *Epilepsy*, *Convulsions*, *Hysteria*, &c., &c.

Dose.—Two to three teaspoonfuls daily.

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Successfully prescribed in *Dyspepsia*, *Gastralgia*, in slow and difficult digestion, in chronic diseases, and also to arrest vomiting during pregnancy.

Dose.—Fifteen grains in powder, two or three times a day, just before eating.

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Each Granule contains one-third of a grain of Hydro-alcoholic Extract of Digitalis Purpurea. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the Pulsations of the Heart, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations*, *Anæmia*, and *Hyper-trophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

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The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis*, *White*, *Aménorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

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Original Lectures.

CLINICAL LECTURE
ON ALBUMINURIA,
DELIVERED AT THE NEW YORK HOSPITAL,

By H. D. BULKLEY, M.D.,

PHYSICIAN OF THE HOSPITAL.

PART I.

DURING the two months now just ending, gentlemen (September, and October, 1861), we have had seven cases of albuminuria in our wards, each presenting symptoms and complications more or less peculiar to itself, and all agreeing in illustrating some of the more interesting points of this serious and still but partially understood disease. I propose to give a brief sketch of the leading features of each case, and then to present them to you as a whole, and direct your attention to points both of resemblance and difference.

The first of these cases is that of a female, 24 years of age, who entered the hospital July 6th. She had been leading an irregular life for about three years, during which time she contracted gonorrhœa, and had a bubo, which was followed by rheumatism in the course of about three months. She had been in the habit of drinking until about a year ago, sometimes very freely. About six months before coming here, a dropsical effusion began to affect her body and upper and lower extremities equally. On admission, there was considerable swelling of the whole body. She was weak, but had a moderately good appetite. She was passing from sixty to eighty ounces of urine in twenty-four hours, which was highly albuminous, of specific gravity 1008. No microscopical examination of the urine was then made. She was directed to have dry cups to the back, and to take acetate of potash and infusion of buchu, to which was added, at the end of three days, five grains of chlorate of potash every four hours; and at the end of three days more, eight drops of muriated tincture of iron, three times a day, the potash and buchu being still continued. At the end of eight days more, the quantity of chlorate of potash was increased to fifteen grains, three times a day, with the potash and buchu, and the addition of the hot-air bath. The dropsical swelling now increased very much, and the right arm became red and painful, and the quantity of urine was diminished to fifty ounces in twenty-four hours. The chlorate of potash and hot-air bath were then suspended, and pulv. jalap. co. ordered, and a lotion of acetate of lead and opium for the arm. On the 31st of July, twenty-five days after admission, the dropsical effusion was about the same as when admitted, though the swelling and redness of the arm had nearly disappeared. She was then passing sixty to seventy ounces of urine in twenty-four hours. The acetate of potash and buchu were then resumed, with dry cups to the back twice a week. Ten days afterwards the menses returned, after having ceased for four months.

When first seen by me, on the 2d of September, she was very much swollen, and presented that pale and doughy appearance so characteristic of some forms of this disease. The specific gravity, quantity of urine, and amount of albumen in it, were about the same as when she entered, about two months before. She was now directed to take ten minims of tinct. ferri muriat. and also five grains of chlorate of potash, three times a day, which soon afterwards had to be exchanged for spiritus mindereri, on account of feverish symptoms which supervened; and after the lapse of a few days, she was discharged, at her own request, in about the same condition in which she entered the hospital.

The next case to which I would call your attention is that of a boatman, 24 years of age, born in this city, a well developed man, who entered the hospital September 14. He had been in the habit of drinking more or less

for eleven or twelve years, and sometimes to excess, and about six years before had syphilis for the first time, and, subsequently, both gonorrhœa and syphilis three or four times. The notes of his case do not state that he had taken mercury, but he had doubtless taken it one or more times. He first noticed the dropsical swelling a year ago, and says that it extended over all the body. He then went into the Brooklyn City Hospital; and at the end of eight months left there apparently well, and returned to his occupation, but a return of the dropsy soon compelled him again to give up work. About a week before he came here, he had an epileptic attack, during which he had bitten his tongue.

On admission he had a weak pulse and cachectic look, and was quite feeble. His brain worked very slowly and imperfectly, and he found it difficult to remember events, and seemed perfectly indifferent about himself. His pulse was about 80; skin moist; appetite poor; bowels very costive. His tongue was quite sore, and could only be partially protruded. When first seen, his pale and doughy look, the imperfect consciousness, his swollen and bitten tongue, and the fact that he had had dropsy, though none was now present, led me to diagnose it as a case of albuminuria, which had given rise to epilepsy, during an attack of which his tongue had suffered. On examination of the urine, it was found to be loaded with albumen, and of the specific gravity 1014. He was directed to have his bowels freely opened with the pulv. jalap. comp., and to take acetate of potash and infusion of buchu. Under this treatment the quantity of urine gradually increased, though no exact note was made of the increase at first; but on the 3d of October (nineteen days after entering the hospital), it had reached the amount of fifty to sixty ounces by measure in twenty-four hours, with rather less but still an abundant quantity of albumen, and some diminution of specific gravity, being 1010 instead of 1014, as at first. He was then directed to take ten minims of tinct. ferri muriat. three times a day, the pulv. jal. comp. to be continued. Soon after this, he began to complain of occasional dimness of vision, objects disappearing from view for a short time, and again suddenly reappearing, and also of occasional slight headache, and of some pain in the back. There was now slight œdema of the right foot. He was directed to take 3j. of pulv. jalap. comp. every night, and the iron as before. He continued gradually to improve under the use of these means, his strength increasing, and his appetite improving, and the quantity of urine increased at one time to eighty ounces in twenty-four hours; and on the 21st October, thirty-seven days after first seen, it contained but very little albumen, had reached the sp. gravity of 1013, and contained an abundance of phosphates.

The obstinate constipation which continued throughout led to the substitution of the extract of elaterium, of which he took one-eighth of a grain three times a day, with the effect of moving his bowels very freely. Under this action of the bowels, the quantity of urine was reduced to thirty-two ounces in twenty-four hours, of specific gravity of 1016, the albumen at this time constituting about one-fifth of the whole, a proportion very much less than when admitted in the hospital, and it is in this condition we must now take our leave of him.

The third case was in a painter, 29 years of age, who had followed that occupation fifteen years, and whose case presents points of interest. He entered the hospital on the 4th of October. He had had six attacks of lead colic, and had always been treated with mercury, and had been salivated five times out of the six. During one of these attacks he was without a discharge from his bowels for seventeen days. He has been subject to attacks of rheumatism for the last seven years, affecting different parts at different times. He has been in the habit of drinking constantly, but not very freely, for the last ten years, usually gin, brandy, and whiskey. He never had the venereal disease. Has used tobacco by chewing very freely during fifteen years. Bowels are generally constipated,

but has not been troubled with headache, nor palpitation, nor cough. Lungs, heart, and liver, apparently healthy.

On admission into the hospital (Oct. 4), his complexion was pale and doughy; appetite was good; bowels costive; pulse 64, regular. His legs were very much swollen, but there is no record when the swelling commenced. The urine was loaded with albumen, of specific gravity 1008, and of whey color, and abundant in quantity. No microscopical examination was made of it. He was ordered to take one drachm of pulv. jalap. compos. daily for four days. Two days afterwards, when the urine was first measured, he was found to have passed eighty-eight ounces in twenty-four hours; and two days after this, one hundred ounces during the same period, of specific gravity 1009, and containing an abundance of albumen. The bowels had been moved the day before this. Three days later (11th) he was ordered pills containing one-sixteenth of a grain of the strong extract of elaterium, which operated very freely on his bowels.

On the 15th, the swelling had nearly disappeared from his legs, but he was still anæmic in appearance. He was then passing from 100 to 110 ounces of urine in twenty-four hours, which was whey-colored, and which deposited but very little sediment, even after standing twenty-four hours. No casts were then found in it, but a few blood globules, and a moderate quantity of epithelial matter. The albumen was much less abundant than at first, amounting to only about one-sixth of the whole quantity. Specific gravity about 1008.

On the 16th (twelve days after admission), he was ordered the fluid extract of senna, with the ammonio-citrate of iron, and two days afterwards (on the 18th) he only passed twenty-six ounces of urine in twenty-four hours. On the 21st, he passed 40 ounces, specific gravity 1008; on the 25th, eighty-two ounces, specific gravity 1007. Two days after this he was directed to take the ammonio-citrate of iron in the compound tincture of cinchona, and on the 31st (twenty-seven days after admission), the dropsy had all disappeared. His appetite was good, and he felt comparatively well, and at his own request was discharged. The quantity of urine at this time was somewhat less than it had been, but still above the normal quantity. It was whey-colored, and contained about one-sixth of albumen. The specific gravity was not noted on that day, but doubtless remained without much, if any, change. Microscopical examination of the urine showed: 1, exudation corpuscles; 2, a few blood corpuscles; 3, fatty casts; 4, torulæ; 5, no salts.

The fourth case is one of interest in several respects. The patient, a seaman, æt. 30, born in England, entered the hospital on the 27th April, 1861. He had had a severe attack of typhus fever about ten years previously, and within three years had had gonorrhœa twice, each attack lasting about two months, and had also had a chancre about a year ago. He never had had any secondary symptoms. It is not stated in the report of his case whether he every took mercury.

The illness which brought him to the hospital began about two weeks previously with loss of appetite, headache, thirst, pain in the epigastric region, etc., of which he complained on admission, at which time his appetite was very poor, his bowels constipated, skin hot and dry. He also had headache, with occasional nausea, and a pulse about 100. Presenting the symptoms of gastric fever, it was treated as such by a cathartic of calomel, followed by laxatives, and afterwards by tonics. Under this treatment the fever left him, and he is reported at the end of three weeks as feeble, with a poor appetite, and with indigestion, which was supposed to be his only trouble, for which he was ordered the compound tincture of gentian. Under the use of this he seemed to have improved, when it was noticed (May 31st) that he was passing a large quantity of urine, nearly 100 ounces in twenty-four hours. On examination of the urine next day, it was found to contain a large quantity of albumen. At the same time he had a

healthy look, having a good color of both his face and lips, and saying that he felt nearly as well as he ever did. No mention is made of any dropsical swelling at this time. There was no microscopical examination of the urine. He was now ordered to take five grains of ammonio-citrate of iron three times a day.

Sixteen days after (June 16th), it was noted that both feet had lately become slightly swollen, without any swelling of any other part. In other respects he appears to have been perfectly well, had a good appetite, etc. He was now passing eighty ounces of urine daily, in which there was still an abundance of albumen. Five grains of iodide of potassium were now added to the citrate of iron which he was taking. No apparent change had taken place in the quantity of urine passed, nor in the amount of albumen in it, on the 7th July, about which time seven grains of chlorate of potash, three times a day, were added by the physician then in attendance, to the iodide of potash and citrate of iron, five grains each, which he had been taking. When first seen by me (Sept. 1st), he presented the appearance of a man in good health, with a countenance unusually florid, and complaining of nothing. An estimate of the water passed made it an average of a little over eighty ounces daily for the last three months, and the quantity of albumen seemed to have remained without any perceptible change during the whole of this period. No microscopical examination of it had ever been made.

He then took five grains of chlorate of potash three times daily until Sept. 17, when the urine was found to contain an abundant deposit of the phosphates, without any diminution of the quantity of albumen. Specific gravity not noted. He was now directed to take three drops of nitromuriatic acid, three times a day, in half an ounce of infusion of gentian. Sixteen days after (Oct. 3), he was found to be passing sixty-eight ounces of urine daily, of specific gravity about 1013, and containing still a large quantity of albumen. On the 15th of October his urine was of a deep yellow color, and turbid, and contained about one-fourth part of albumen by nitric acid, and also contained an abundant deposit of triple phosphates and of amorphous phosphate of lime. It also contained numerous casts, some containing oil-globules, but mostly of the large waxy kind, and some unhealthy epithelium; no free oil-globules were seen. He was now passing forty to fifty ounces of urine daily of the specific gravity of 1015; his general health seemed still good, and he continued to have the same florid complexion; his appetite was good, strength fair; he had no pain in his back, but had still to rise in the night to pass water; the same treatment was continued. At the end of ten days more (Oct. 25), the phosphates had disappeared from the urine, the quantity of which then varied from sixty to seventy ounces daily; general condition the same, and remained unchanged until the last of the month, when I ceased to see him. The quantity of albumen in the urine was then about one-third; no phosphates.

The fifth case is that of a stout muscular man, laborer, a native of Ireland, sixty years of age, who entered the hospital June 14th. General health apparently good; has never been a hard drinker; has had gonorrhœa ten or twelve times, the last time ten years ago; and has had chancres three times, the last time thirty years ago, and bubo once; has been twice slightly salivated, once for a chancre, and once, a few years ago, for diarrhœa, to occasional attacks of which he has been subject for many years, and lasting sometimes several months. He had one of these attacks in 1840 and 1841 and part of 1842, over which medicine appeared to have little or no control; he then spent eight months in this hospital. He has not been troubled with diarrhœa since 1850, and has enjoyed fair health since that time. Four or five months ago he began to suffer from a dull headache, and had also an occasional uncomfortable sensation in the neighborhood of the kidneys, and experienced about the same time a slight loss of sensation and power of motion of the left leg; he was also occasionally troubled with nausea and dimness of vision.

About a month before entering the hospital he noticed that his face and feet began to swell, but cannot tell in which the swelling first commenced. When admitted, his face, arms, and hands were moderately swollen, and the feet very much so; his appetite was poor, his bowels tolerably regular; he was passing between eighty and one hundred ounces of urine daily, of specific gravity 1008, which was found to be very albuminous; no microscopical examination of it was made at the time. He was then ordered to take acetate of potash and decoction of buchu, and at the end of seventeen days (July 1), the report states that his appetite had improved, and that the trouble in the left leg had ceased; he still complained of a dull headache. The specific gravity of the urine remained the same (1008), but the quantity of albumen had diminished very much. The same treatment was continued. Nine days later the quantity of albumen was still less, while the specific gravity remained the same. Seven and a half grains of chlorate of potassa three times a day, were then added to the acetate of potassa and buchu, which he had been taking since his admission. Twelve days later (July 21), it is stated that the albumen had disappeared from the urine for four or five days, and that the specific gravity was 1009, the quantity passed daily being from seventy to ninety ounces; the swelling had also left every part. The chlorate of potassa had been suspended two days before, and he was now ordered a pill three times a day, containing one grain of quinine, two grains of pure iron, and one quarter of a grain of extract of *nux vomica*, on account of vomiting and loss of appetite for a week. On the 1st of August he was attacked with diarrhoea, which was checked by opium, but which left him rather weak, for which two grains of quinine, three times a day, were ordered. To this was added, twelve days after (Aug. 15), half ounce doses, three times daily, of a solution of 3j. of dilute phosphoric acid in a pint of water. The phosphoric acid was suspended, August 28, on account of diarrhoea, and opium given, the quinine being still continued.

When he came under my care on the 1st of September, he was passing a large quantity of turbid, whey-colored urine daily, specific gravity varying from 1008 to 1010, but without any albumen in it, by heat or nitric acid. There was no dropsical swelling. He was stout and well developed, and had a marked florid complexion, with a general appearance of good health. Still he did not feel well, and was suffering from a diarrhoea, having four or five stools in twenty-four hours. For this he took opium, and on the 10th of September, the phosphoric acid was resumed, and given of double the strength. He continued with little if any change, except that in the early part of October he complained of a sense of stricture across the upper part of the chest, which was accompanied by a slight mucous expectoration. On the 18th October he resumed the use of chlorate of potassa. At the end of the month he felt quite well, and was discharged at his own request. He then had no dropsical swellings. The urine had contained no albumen for between three and four months. It was still, however, turbid and whey-colored, was of low specific gravity (1008 to 1010), and was passed in quite large quantities. Microscopical examination had detected, at least during October, large pale waxy casts, though no record was made of the exact date; and we have to regret that such examinations were not more frequent, but circumstances rendered the omission of them unavoidable at the proper time.

The sixth case is one which has just entered the hospital, and can only serve us by its history and present condition, as we shall be unable to witness the result of the treatment. He is a native of this city, a shoemaker, 25 years of age, and was admitted on the 29th of October. He is suffering from an injury of the hip, caused by the kick of a horse some years ago, which has given rise to a discharge at times. He had a chancre about ten months ago, which was cured without mercury, by local applications alone. He has been in the habit of drinking freely for the last five years. In March last he had an attack of acute rheu-

matism, but without any affection of the heart. In May last he first noticed a swelling of his legs, and after this a swelling of the face in the morning, which disappeared after he got up. The swelling afterwards extended to his genitals. He noticed an increased frequency in making water soon after he began to swell. He never had any pain in the back. He has evidently necrosis of the left thigh bone. There are several sinuses which discharge quite freely, and the cicatrices of a few old sinuses, and the left leg is about four inches shorter than the right. His appetite is pretty fair, but he sometimes vomits after a meal. Bowels regular, pulse 92. Complexion pale. Condition of heart natural. There is effusion into the abdomen, and also swelling of the legs and penis. The urine is highly albuminous, the deposit both by heat and nitric acid being from one-third to one-half of the quantity. Specific gravity 1019. There has been no opportunity to ascertain the quantity passed. The microscopic examination, which has been but a partial one, shows an abundant deposit of lithates, and a few crystals of the triple phosphate, but no casts nor blood globules were found in the specimen examined. There was an abundant quantity of penicillium glaucum after the urine had stood thirty hours.

The seventh case was that of a stout German, a carman by occupation, twenty-seven years of age, who entered the hospital on the 19th October. His family have been long-lived. About seven years ago he had dropsy, which lasted thirteen months. He had a chancre two years ago, but it is not stated whether he ever took mercury. About three months after the chancre, he had paralysis of the right side of the face, which lasted three weeks, of which there has been no return.

The day before admission he was attacked with dyspnoea for the first time, for which he was cupped. On admission he was very pale, and had a very poor appetite. Bowels pretty regular; pulse 92. On examining the urine, it was found to contain a large quantity of albumen, and to be of the spec. grav. of 1008.

On examining the heart six days after admission, there were marked signs of pericarditis, double friction sound, extensive præcordial dulness, etc., with considerable dyspnoea. Three days afterwards the friction sound had almost entirely ceased, there was great increase of dyspnoea, and the præcordial dulness had extended very much. His face was swollen, and had a doughy appearance, and he was very weak. Pulse 88. The albumen in the urine was very abundant. He continued to sink, and died on the 19th Oct., fifteen days after admission into the hospital. No autopsy could be obtained.

We have another case now in our wards, presenting some symptoms which led me to look out for Bright's disease, but nothing decisive has been found. A healthy man, about twenty-five years of age, of regular habits, was brought to the hospital some few weeks since in a state of unconsciousness, which was at first attributed to intoxication by alcohol; but when first seen, the symptoms did not correspond with the poisoning from that cause. He was slow in recovering from the stupor in which he was when brought here; and as consciousness returned, it was found that he was paralysed in his lower limbs. When sufficiently restored to give an account of himself, he stated (and there was good reason to place confidence in his statement), that he had not been drinking, at least only very moderately, and that he was struck with entire unconsciousness almost at once. It was then surmised that perhaps he might have taken drugged liquor, but there was no good evidence of this. His mind returned to its normal state very slowly, and he was still slower in recovering the use of his limbs. After some time it was noticed that he was passing large quantities of urine, which was of a whey color, turbid, of low specific gravity, and amounting to 100 to 120 ounces in twenty-four hours, which continued for some weeks. He was in two instances attacked violently with vomiting, the first attack lasting several days, and at last yielding to morphine. The urine was carefully exa-

mined for albumen several times, without finding any, and no casts nor any other evidence of Bright's disease could be detected by the microscope. I call your attention to this case in this connexion, because one writer on the subject of albuminuria mentions the discharge of a large quantity of whey-colored urine as a strong indication of the existence of serious disease of the kidneys.

But we must defer the further consideration of the subject until our next meeting.

Original Communications.

HAS THE BRAIN SUBSTANCE ANY SENSIBILITY?

By GEO. B. WILLSON, M.D.,

THIRD REGIMENT MICHIGAN INFANTRY.

CARPENTER answers this question in the negative. On page 649 of the 1855 American Edition of his *Principles of Human Physiology*, he says:—"Even the substance of the brain and the nerves of special sensation appear to be destitute of this endowment"—sensibility. At page 534 he says:—"All the results of experiment concur to establish the fact that no irritation, either of the vesicular or of the fibrous substance, produces either sensation or motion." He continues:—"These results are borne out by pathological observations in man; for it has been frequently remarked, when it has been necessary to separate protruded portions of the brain from the remainder, that this has given rise to no sensation even in cases in which the mind has been perfectly clear at the time." In several other places he expresses the same opinion, and seems to regard it as a settled fact. I have serious doubts of the reliability of this teaching, and I would like to have an expression on the subject from other observers. It is quite proper that we, as a general thing, admit the teaching of high authority as true, even if it goes contrary to old and cherished opinions; but that feeling of deference should not lead us to disbelieve the positive evidence of our senses on the point, nor should it even be allowed for a moment to deter us from making experiments of our own on the subject whenever opportunity offers. One of the most injurious practices, heretofore in the profession, has been the unreserved acceptance of the dicta of great men as settled dogmata, on which further investigation would be useless: there is no question whatever in medicine that should be so regarded. I do not mean to inculcate habitual scepticism, or advise men to "seek for doubts." It is already too plain to us, that our profession involves so much guessing, that it is our duty to avoid rather than court cavilling at its teachings. It becomes us, however, as scientific students, to avoid dogmatism under every guise.

Entertaining the opinions just enunciated as reliable, I need no further apology for saying that, of late, I have been inclined to question the correctness of Dr. Carpenter's teaching on the subject in hand. My reasons are as follows:—

Last year I reported two cases of severe injury of the brain: one a wound by a circular saw, the other a severe gunshot wound, where considerable (probably six or eight ounces) of brain substance was lost. The saw-cut must have been nearly three inches deep (though its depth was not measured), and some seven or eight inches long, directed across the head, and severing the superior longitudinal sinus. In the report of that case I did not refer to the sensations of the patient while I scooped the sawdust of the skull from the wound with a large grooved director: I will add now that he felt, distinctly, the passage of the director as it was carried from one extremity to the other of the wound. He complained of *pain* only when the instrument scraped against the scalp, but he felt its point down in the bottom of the wound, and several times winced as it passed over particular parts. This case showed

that there was sensation—sensibility—but it did not prove an appreciation of its different degrees.

Here let me explain for a moment as to how I regard touch and pain, as contradistinguished from each other. I think they are the same in kind, and differ only in degree. Touch excites sensation, but without any disagreeable feeling. When touch is perceived more acutely it produces uneasiness; and a still keener and finer appreciation of it becomes *pain*. The faculty of touch I therefore regard as one with that which makes us feel pain. Sensibility consists of degrees—one of which is touch, another pain. Where that which would produce pain in some cases is not felt as such, but merely as *touch* or contact, I do not say that sensibility is lost, but only that the power of discerning between different degrees of it is lost, or is wanting, and this I regard as the normal condition of the brain.

In the second case which I reported—that of a severe gunshot wound of the brain, with great destruction of substance—I recounted the experiments made at the time in presence of numerous witnesses. Those experiments proved, conclusively, that in that case, at least, there was a good degree of sensibility in the brain tissue, and in the meninges. I expected that ere this many interested in this subject would either express suspicions as to the exactness of the report, or would at least have had attention called to this apparently anomalous sensibility of the brain: neither was the case, however, and consequently one of my objects in making the report has been rendered futile. I now wish to recall the attention of the reader to those cases, and particularly to the experiments made and reported with the latter. In that case there was very extensive destruction of the cerebral substance, so that some seven or eight ounces of it must have been scooped out in a broken and disorganized condition, thus leaving a large irregular cavity in the wounded hemisphere. Into this cavity I inserted my finger, and moved it about in different directions, and pressed with it first to one and then to the other side, and asked the patient what sensations he experienced. Though he did not complain of *pain*, yet he accurately described the movements of my finger; and, when I left it at rest, could define its locality as well as I could. Then, when I substituted a metallic instrument for my finger, he could and did define the difference of sensation produced, as accurately as if the wound was in any other part of the body. Again, when instead of putting my finger into the cavity within the cerebrum I put it outside on the surface of the brain beneath the skull, in different places, he defined its location exactly. Though he did not complain of pain, but on the contrary said he felt no pain whatever during the experimental operations, yet the sense of touch, as such, appeared to be quite perfect in every part of the brain I examined. And the opening in the skull, as I had enlarged it, permitted not only the introduction of the whole finger, but also a part of the metacarpal bone equal to nearly two inches. It is quite certain that the point of my finger reached quite beyond the anterior inferior edge of the tentorium, and consequently into the most distant part of the cerebrum; from that part to the anterior surface I had ample opportunity of testing the sensibility, and it was as I have described.

I do not say that "one swallow shall make a summer," but I wish to have those cases kept in mind to put with others. It may be that many similar cases have occurred, but, because of their unusual features as compared with the opinions of Carpenter and others, they have been neglected. It is desirable to see how many such cases come up, and whether the evidence from them is to be the rule or the exception.

The instance given by Carpenter, as above cited, of excising parts of the brain, is not worth much if many such cases as I cite occur; because those parts excised were in cases of *hernia cerebri*, and in their excision only the adventitious growth (in all probability) was interfered with. The sensibility of tissues of such rapid growth in any part of the body is generally very imperfect, and that a cerebral hernia

should lack sensibility is no proof or disproof of the sensibility of the cerebrum itself. I would like to have the opinions of others on the subject, but I desire that they should always bear this simple fact in mind—that *absence of sense of pain is not absence of sensibility*.

It may be proper to add that the two cases mentioned are in the third volume of the *MEDICAL TIMES*, pages 165 and 237.

CASES IN MILITARY SURGERY.

GUNSHOT WOUNDS OF THE ABDOMEN, THORAX, THIGH,
ARM, AND HAND.

By WILLIAM O'MEAGHER, M.D.,

SURGEON THIRTY-SEVENTH N. Y. V.

Gunshot Wound of the Intestines—Peritonitis—Death—Autopsy.—John Mallon, private, Company G., 37th N. Y. V., was wounded in a midnight attack on the enemy, at Colchester, Va., on the 27th January, 1862. Though considerably shocked, he was still able to assist his comrades to batter in the door of the house occupied by the enemy, when he sank exhausted. He was thence conveyed on horseback seven miles to the village of Acotink, where I attended him. On examination I found his pulse small, and beating 120 to the minute; his features ghastly, and expressive of profound prostration. Though he suffered severely he was entirely conscious, and able to indicate the wounded part. Stimulants, combined with morphia, were administered at intervals, until reaction and relief were produced, to some extent; meanwhile I was pursuing the examination.

The ball—apparently a large conical one—entered the body at the upper part of the sacro-iliac symphysis, fracturing the posterior superior spinous process, passing inwards obliquely towards the spinal column, being finally lost in the abdominal cavity, wounding the intestines. I had come to this conclusion after a rapid survey of the attending symptoms. With a moderate reaction came restlessness, hiccough, nausea, and pain, referred to the right iliac fossa, in which, guided by his sensations, I presumed the ball had lodged. Repeated examinations, however, failed to discover any evidence of its precise locality. The bladder appeared to be uninjured.

After the removal of a few spicula of bone from the wound, which was closed at the bottom of the psoas muscle, nothing more remained to be done than to close it externally with a light compress of lint and a broad bandage around the hips, stimulants and opiates being repeated at intervals.

Next morning he was conveyed in a field ambulance to the regimental hospital, a further distance of about eight miles, and though the roads were in a most frightful condition, still, by careful driving and adequate assistance, he was brought in alive, and apparently not much worse for his long ride. He was kept constantly under the influence of morphia, and fluid nourishment, together with stimulants. On the third day, symptoms of subacute peritonitis supervened. The narcotic was gradually increased, and emollient anodyne epithems applied to the abdomen, which was becoming tympanitic, but not very painful on pressure. As before stated, the pain was referred mostly to the right iliac fossa.

Under this palliative treatment he grew somewhat better, though the prominent symptoms remained nearly the same, until the eighth day, when a spontaneous natural movement of the bowels took place, inducing a faint hope that perhaps he might recover. But an uncontrollable diarrhoea set in immediately afterwards, the evacuations being very profuse and entirely purulent; obstinate vomiting, incessant hiccough, low delirium, and collapse supervened, and continued until he died on the sixteenth day.

The autopsy, made eight hours afterwards, revealed the following state of things:—The ball had entered the body as before stated, furrowing the psoas muscle, passing over the promontory of the sacrum, against which it was flattened, posteriorly, into the right iliac fossa, wounding

the posterior part of the cœcum, about an inch from the appendix, furrowing again the iliacus muscles, thence deflected upwards by the right ilium, wounding the transverse colon, anteriorly, in two places—entrance and exit being about three inches asunder—and was finally discovered between the bladder and rectum. It was a conical rifle ball, weighing nearly one ounce. The intestines were attached in several places to one another, to the abdominal parietes, especially on the right side, and to the omentum, which was distinguishable as a thin membrane, considerably expanded, and in a state of decomposition. Underneath the cœcum was a well of pus, which, together with the other purulent fluids removed from the abdomen, and what was previously passed at stool, would certainly amount to more than a gallon. Fibrinous clots covered the surface of the intestines, in thick, soft, and blackish patches, which were then assuming all the appearances of decomposition. Throughout the entire intestinal tract this was strikingly evident.

This case excited a good deal of interest among the surgeons of the brigade, who look upon it as a very remarkable instance of life prolonged under such disadvantages.

Gunshot Wound of Intestines—Death in Ten Hours.—James McClellan, Co. H, 1st New Jersey Cavalry, while patrolling the Richmond road beyond Pohick Run, in advance of our pickets, about 7 A.M., Feb. 24th, was wounded from an ambuscade, the ball entering the body an inch to the right of the spine, in the vicinity of the kidney, and passing quite through half an inch below the umbilicus. The small intestine was severed completely, the wound extending also to the mesentery, from which profuse hæmorrhage occurred both externally and internally. Shortly afterwards vomiting set in, during which the wounded intestine was in part protruded, indicating the nature of the injury. He was then in *articulo mortis*, and it appeared utterly impossible to do anything more than alleviate his sufferings by morphia, etc. He never rallied, and died at four in the afternoon, while I was in another part of the field to look after a detachment of the regiment who were engaged with the enemy.

Gunshot Wound of Thorax, Lung, Diaphragm, Liver, Vena Cava Ascendens, Stomach, etc.—Death in a few minutes.—Laurence Glynn, private, Co. B., received his death wound on the same day in a skirmish with the enemy, near Colchester, on the Occoquam Creek. He lived only a few minutes. The ball entered the right side of the thorax, fracturing the ninth rib near the angle, wounding the lower border of lung, then passing through the diaphragm, tearing open the liver, the ascending cava, the stomach posteriorly in two places, at the lesser and greater curvatures, the diaphragm again, the left pleura, fracturing the tenth rib anteriorly, and finally fracturing both bones of left forearm near the upper third. The heart was found completely empty, while the thorax and abdomen were entirely filled by the resulting hæmorrhage.

Gunshot Wound of Thigh, narrow escape of Femoral Vessels.—Michael Hussey, private, Co. D., was wounded on the evening of the same day, the ball entering the right thigh near the lower angle of Scarpa's space, passing upwards and escaping posteriorly in the gluteal furrow. Very little hæmorrhage occurred, though he walked a considerable distance back to the picket station. A plug of scraped lint was inserted into each opening, and a roller bandage applied, this being kept wet with an evaporating lotion. Next day he was removed to the regimental hospital, and for two weeks following little more was done, except to apply a poultice. By this time he was able to walk about, no bad symptom having occurred to mar his speedy convalescence.

Compound Comminuted Fracture of the Humerus.—Patrick Mullam, private, Co. G., was wounded in the same skirmish in the left arm, in all probability by a bullet from a large revolver, while in the act of reloading his rifle. His arm dropped useless by his side, and it is said the brave fellow wanted to continue fighting, looking around to pick

up the arm, which he had supposed was shot completely off. There was a most extensive compound comminuted fracture of the humerus, at the junction of the upper and middle third, with considerable laceration of the soft parts. The ball passed through the arm posteriorly to the great vessels and nerves, which appeared to be uninjured, though the exit of the wound was large enough to admit a small-sized hand, and entered the body underneath the pectoral muscles, from which it was subsequently removed by incision. He also received two other wounds from small shot in the thumb of same side and instep of right foot, which, however, were not of sufficient importance to cause any anxiety.

Several spicula of bone were removed, pasteboard splints and bandages applied, and the arm placed in a sling. Stimulants and opiates were administered, and next morning he was sufficiently relieved to bear transportation to the regimental hospital. At the second dressing, the wound was cleaned more effectually by a syringe and water, and the fragments of bone brought into position so as to overlap to some extent. This, of course, produced considerable shortening of the arm, but under the circumstances it seemed the only alternative left, inasmuch as operative procedure, especially amputation at the shoulder-joint, or even at the point of fracture, was neither necessary nor desirable. I was guided in this respect as well by common sense as by the favorable opinions of the other surgeons of the Brigade, whose advice I asked freely, and their views, I am happy to say, coincided with my own. The muscles of themselves had contracted, naturally bringing the fractured ends nearly in apposition, so it only remained for me to keep them in that situation by a light splint, a roller bandage round the axis of the arm, and a figure-of-eight bandage so arranged as to support the elbow effectually. An ordinary sling was added, and the whole supported by a small pillow. The only dressing or application was lead and opium wash, the wounds being filled in with shredded lint, and dressed every or every other day. In a short time a slow but steady improvement was manifested, indicated by healthy granulations and free suppuration. His appetite was remarkably good throughout, for besides his usual meals of meat, eggs, and other solids, he drank beef tea, milk punch, egg nog, and other stimulants *ad libitum*.

In about three weeks the external wound closed, and the internal one was gradually filling with granulations. Nothing was now used as dressing but the shredded lint, dry, the bandages being still adjusted, and the splint applied in the manner before stated. He was then sent to the General Hospital at Alexandria, in consequence of the regiment receiving marching orders, but I presume he will recover with a useful arm, in due time, by proper care and attention.

Compound Comminuted Fracture of the Middle and Ring Fingers of Left Hand.—Maurin Walsh, private, Co. D., was shot on the 29th of January, the discharge taking effect in the left hand, fracturing the second and third joints and neighboring phalanges, and lacerating the soft parts considerably. The second joints were entirely destroyed and the others seriously injured. The tops of the fingers were barely held on by the uninjured parts, but, though the phalanges were comminuted, they still preserved a certain amount of continuity sufficient to give a faint hope that the fingers might be saved. Accordingly, the disintegrated portions of bone and loose flesh were removed, splints applied, and a terebinth dressing used for a few days. At first it appeared extremely doubtful whether conservative surgery would acquire any credit from this attempt, but a little more patience on the part of both patient and surgeon brought about the desired result. By repeated and careful manipulation and moulding, so to speak, the fingers gradually resumed their normal shape, and now (March 31st) they are nearly healed up with every prospect of useful fingers, but of course artificial joints.

A similar case occurred shortly afterwards to private Murphy of Co. F., in whom the ball passed through the

second joint of right index finger, producing a like wound, but not so severe or dangerous. In a week or so it healed up considerably, with simple water dressing and a splint.

Reports of Hospitals.

BELLEVUE HOSPITAL. COMPRESSION AND LACERATION OF BRAIN. ILLUSTRATED WITH CASES.

In no class of diseases do the symptoms so often belie themselves in regard to significance as in injuries of the brain. The various phenomena regarding the condition of the pupil, the occurrence of vomiting, convulsions, etc., claimed as indicative of the existence of particular lesions, have been proved to be, by experience, wholly unreliable; in fact, the autopsy under these circumstances not unfrequently shows the existence of a condition the exact opposite of what had been previously suspected. This being the case, we are forced to admit that a great many relations of cause and effect have to be explained in a somewhat different way than formerly. The following cases will illustrate some of the discrepancies alluded to:—

SERVICE OF DR. STEPHEN SMITH.

CASE I.—*Compression of the Brain occasioned by a Blow upon the Skull.* (Reported by Henry M. LYMAN, M.D., House Surgeon.)—Mary M., an exceedingly intemperate Irish woman, æt. 35, and married to a soldier, while engaged, October 13th, in celebrating her husband's safe return from the wars, received a fall which produced a small scalp wound half way between the right ear and the spine of the occiput. The next day, at four o'clock P.M., she was brought to the hospital, apparently in a state of intoxication, bleeding profusely from the wound on her head. An emetico-cathartic was administered, and the stomach and bowels were fully relieved by its action. The matter ejected from the stomach exhaled an unmistakable alcoholic odor. Two hours after admission the patient manifested a degree of consciousness—could sit up and answer questions, though with the air of a person still under the influence of liquor. The condition of the pupils and of the pulse was quite natural. At two o'clock the next morning an epileptiform convulsion of the right side took place. From this time convulsions continued to recur every few minutes. At seven o'clock in the morning the convulsions affected the left side principally. At nine o'clock both sides were alike convulsed; there was frothing at the mouth, stertorous breathing, constant oscillation of the head. The pulse was 146, the skin was moist, the pupils were of natural dimensions, and responded sluggishly to the influence of the light. An exploratory incision through the scalp revealed no indication of a fracture of the skull. The patient soon became profoundly comatose, and died at half past eleven o'clock in the evening.

After the completion of the coroner's inquest the cranium was opened, by permission of that functionary. There was no fracture of the skull. The effusion of serous fluid under the arachnoid was abundant, especially at the base of the brain. Upon the surface of the left hemisphere of the brain, directly opposite the point of external injury, was a small clot of blood filling the sulci, and overlying the convolutions of that organ. No other abnormal appearances were remarked.

CASE II.—*Undepressed Fracture of the Skull; Concussion; Compression; Death.* (Reported by Dr. H. M. LYMAN.)—An unknown man, apparently thirty years of age, was brought to the hospital at seven o'clock A.M., Nov. 23d. At about nine o'clock the previous evening he was seen to fall into an area, whence he was removed to a police station-house. He soon vomited freely, and was placed in a cell; but in the morning, finding that he was stupid and speechless, the officer transported him to the hos-

pital. On admission the patient was placed in bed, with hot bottles at his feet. His skin was moist and cool; his pulse was slow and soft; his respiration was natural, but suggestive of alcoholic potations; his pupils were slightly contracted and sluggish; there was no evidence of paralysis, though the patient was profoundly unconscious. The alimentary canal was thoroughly evacuated without the agency of medicine, otherwise the patient remained without any alteration of symptoms till night. The next morning his pulse was full and rapid, and the left pupil was dilated. The muscles supplied by the facial nerve upon the right side soon exhibited evidence of paralysis. During the course of the afternoon the patient made several attempts to get out of bed; but for the most part of the time he was perfectly comatose and motionless. At four o'clock P.M., he died.

Autopsy, twenty-four hours after death.—The body presented no marks of external injury. The scalp, which had been repeatedly examined before death, was perfectly natural and healthy in appearance, showing no sign of contusion or disease of any kind. On removing the occipito-frontalis muscle the pericranium covering the left parietal bone was somewhat discolored with blood. There was a fissure of the skull, extending horizontally, from a point about one inch above the left ear, three-quarters of the distance to the median line posteriorly, producing a rupture of the posterior branches of the middle meningeal artery. A large clot of blood was interposed between the inner table of the bone and the dura mater beneath the fracture. The membranes of the brain were much congested, and several of the smaller vessels were ruptured at different points upon the surface of the left hemisphere. There was considerable laceration of the superficial cerebral substance, occasioning great extravasation of blood, at the lower and anterior surface of the anterior and middle lobes of the left hemisphere, but without discoloration or softening of the adjacent brain tissue. The left lateral ventricle contained nothing unusual; the right ventricle was completely filled with serous fluid; the choroid plexuses were pale. The right lung was bound by old adhesions to the costal pleura; with this single exception, the thoracic and abdominal organs seemed to be perfectly healthy.

CASE III.—Extravasation of Blood from Blow upon the Head.—(Reported by B. A. SEGR, M.D., House Surgeon.) Terrence Fitzsimmons, æt. 28, single, printer, born in New York, intemperate. Several times during the year past has fallen in paroxysms of convulsions. Nov. 11th.—Found by the police lying on the pavement in an insensible condition. Admitted to Bellevue Hospital at nine A.M.

He had a contused wound on right side, extending upwards one inch from the upper portion of the superciliary ridge, by which the bone was exposed.

Gave no evidence of consciousness. No power of voluntary motion. Slight reflex action followed severe pinching; most on the right side. Pulse full, a little frequent. Respiration heavy, occasionally snoring. Pupils dilated; the right most. In the evening he could take no food. Coma deep. Respiration more rapid. Decubitus dorsal. Bowels tympanitic; responded to injection. Urine retained. 2d day.—Pulse 140, small; respiration 36. Had three convulsive paroxysms, confined to left side. Twenty-five hours after admission death occurred.

Autopsy, 30 hours after death.—Body well nourished. Several slight contusions. Extravasation of blood in the tissues about the scalp wound. Beneath the dura mater, all over the right hemisphere of the brain, was an extravasation of blood. The brain was normal in color and consistency. Bloody serum in the ventricles and at the base of the brain. Fatty degeneration of the liver and kidneys.

(To be Continued.)

VITAL STATISTICS OF 1861.—In the year 1861 the births in Great Britain were 802,598, and the deaths 497,624, so that the natural increase was 304,974.—*Brit. Med. Jour.*

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, February 26, 1868.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

(Continued from page 194.)

LARDACEOUS TUMOR OF THE INTESTINE.

DR. LOOMIS presented a specimen of tumor of the intestine, removed from a German, 53 years of age, who was admitted into Bellevue Hospital on the 14th of last January. From his history no trace of hereditary predisposition to disease could be traced. The patient stated that he had always been well with the exception of an occasional attack of rheumatism, until five weeks previous to his admission into the hospital. He was then attacked with severe pain in his abdomen, after drinking freely of beer. The pain, which he ascribed to the drink, was constant, and at times it was so severe that it compelled him to go to bed. Most of the time, however, he was able to attend to his business. On his admission he had a pale emaciated appearance; his countenance was anxious; his pulse was feeble, and about 90 per minute; his extremities were disposed to be cold; his skin clammy; and he was extremely weak, though able to walk around his ward. He had lost his appetite entirely, and complained continually of this pain in his abdomen, which was sometimes so severe as to cause him to vomit. A physical examination of his chest revealed a loud systolic murmur, heard with greatest intensity at the apex, and transmitted around the left side, so that behind at the border of the scapula the sound was almost as distinct as in front. The rhythm of the heart was perfect. The abdomen was tumid, and was excessively tender on pressure in each iliac fossa. A tumor was readily detected in the left side, on tracing the outline of which it was found to extend from the lower border of the rib down to the ramus of the pubes, and was about a hand's breadth in width. On examination *per rectum* a tumor was also detected, which seemed to communicate with the one felt through the abdominal walls. The whole abdominal surface was, however, so tender as to render it impossible for a thorough examination to be made. The patient remained in about that condition until the 8th of February, when he was seized with symptoms of acute peritonitis, of which he died in the course of six days after.

Autopsy.—On making the autopsy the pericardium was found firmly adherent to the heart. The heart itself was not much enlarged, though the mitral valves were insufficient. On laying open the abdomen it was found to contain about six quarts of clear light-colored serum. The peritoneum covering the abdominal walls was the seat of a fibrinous-looking deposit about half an inch in thickness. This deposit was also found on the surface of the intestines, and could easily be scraped off with the finger nail. It covered also all the organs which were covered by peritoneum, and were seen upon the under surface of the diaphragm. The greater omentum was filled with this deposit, and was firmly adherent to the abdominal wall by fibrinous bands; this was also the case with the lesser omentum. On raising the descending and transverse colon it was found firmly adherent; and in this situation a tumor was discovered with the following dimensions:—eight inches long, four in width, and four in thickness. On laying open this tumor it was found to present the appearance of raw pork, and when cut into allowed the knife to come directly into the intestine. The tumor seemed to have been developed in the walls of the intestine. A tumor of similar character was found in the rectum. Microscopical examination of the exudation upon the peritoneum showed it to be nothing more than the products of inflammation, while Dr. L. believed the tumor to be cancerous in character. All the other organs of the body were healthy.

DR. CLARK remarked that he had never seen a deposit of lardaceous tissue in the walls of the intestine that contained a cancer cell. He noticed that Dr. Loomis merely expressed a belief that the deposit was cancerous, and it struck him that it was worth while to be quite sure about it, inasmuch as the true lardaceous tissue was simply fibrinous degeneration with an infiltration of serum. He was strongly impressed with that fact early in his microscopical studies. Having prepared some specimens of this tissue, he found that it resembled so strongly sections of the fibrinous tumor of the uterus, that, having a piece of each on a slide, he was often at a loss to determine which belonged to the uterus and which to the intestine. Going on to Boston about this time, he was met with a vast amount of incredulity with regard to such fibrous tissue being what is called cancer of the intestine. Ever since then the fact impressed itself upon his mind that cancer cells were wanting in such tissue. In conclusion he stated that he had never met with such a tumor of the intestine that was half so large.

DR. LOOMIS stated that he had not examined any portion of the tumor by the microscope, but Prof. A. Flint, Jr., to whom he gave a small piece, positively affirmed that no cancer cells existed in the mass. Other gentlemen, however, who had examined the specimen, were of a totally different opinion.

INTUSSUSCEPTION OF THE ILEUM.

DR. GURDON BUCK exhibited a specimen of intussusception of the ileum, and furnished the following history:—The patient was a female infant, four months and one week old, who was nourished both from the breast and spoon, and enjoyed every advantage of good nursing and the most favorable hygienic conditions. The only indisposition she had ever suffered from had been relieved by a single small dose of castor oil. During the day, Feb. 14th, preceding this attack, she was lively and happy, and had an evacuation from the bowels of perfectly healthy appearance. Between ten and eleven o'clock in the evening, as her mother was preparing to retire, she waked out of sleep, screaming apparently from severe pain, and soon vomited the contents of her stomach, and had an evacuation of the bowels. Every soothing measure was employed during the night that an experienced mother could think of. An enema of warm water was administered, and was soon followed by the discharge of a small quantity of ochre-colored, soft, fecal matter, with a minute streak of blood upon the diaper. She refused the breast, and when the pain seemed most severe would draw up her limbs. No straining or tenesmus accompanied these paroxysms of pain. When first visited the next morning (18th) vomiting still continued at intervals of half an hour to an hour, and was accompanied with a faint cry of suffering, and drawing up of the limbs. A slightly increased warmth of the hands and acceleration of the pulse were observable. The face was placid, and the respiration undisturbed. She now took the breast, and drank with eagerness. The abdomen was supple and not at all distended. A rubefacient poultice was directed to the abdomen, and two small doses of magnesia and bi-carbonate of soda were given at an interval of three hours. At evening a small evacuation from the bowels followed an enema, and the fluid vomited was tinged with yellow and greenish bilious matter. Ordered, *R. El. opii McMunn, gutt. xij.; sacch. alb. p. 3 ss.; aquæ camphor. ʒj.* To take half a teaspoonful every two or three hours.

19th, morning.—Vomiting still continued, though less frequent; disposed to sleep. Stop the sedative mixture. Ordered *hydrarg. c. creta, gr. j.; sodæ bicarb., sacch. alb. pulv., ʒʒ. gr. ij.* to be repeated in three hours. At evening no evacuation had taken place; the vomiting continued; the fluid ejected from the stomach was of a brownish color. A consultation was held with Dr. Thomas F. Cock late in the evening, and a careful examination of the abdomen made for the purpose of detecting, if possible, the seat of

the obstruction of the bowels, the existence of which was suspected from the character of the symptoms. The abdomen, though still supple, was beginning to be somewhat tympanitic. A firm, well defined tumor, was now recognised extending above and below the umbilicus over a space of five or six inches, and to either side of the median line within a space of three or four inches. It was somewhat movable, dull on percussion, and disconnected from the liver and spleen above. While handling it the child winced, and gave signs of uneasiness. This discovery confirmed the suspicion of obstruction.

20th.—Convulsions supervened in the morning, sometimes affecting the face and limbs of one side only, and at other times affecting both sides alike. Hiccough also occasionally accompanied the vomiting. These symptoms continued throughout the day and evening, with intervals of consciousness; no evacuation from the bowels took place. Patient died at midnight, having survived the attack about seventy-two hours. After death a patch of viscid, tough, bloody matter, from the anus, was found upon the diaper.

Post-mortem examination, fourteen hours after decease.—Limbs supple and free from cadaveric rigidity. Abdomen greatly distended. The tumor observed during life could not be distinguished by palpation. The peritoneal cavity being laid open a moderate quantity of bloody serum escaped, and the small intestines alone were brought into view, pale and distended. By displacing them on the right side a portion of large intestine was discovered, fleshy and firm to the feel, and of a dark greyish, livid color; it was found to consist of the cæcum, ascending and right half of the transverse colon, and contained in its cavity the ileum, which had become intussuscepted. The vermiform appendix lay in situ, swollen, and of the color of a clot of blood. No adhesions or exudations of lymph were found on these surfaces. The left half of the transverse colon, and all beyond it to the anus, was pale, empty, and shrunken. On laying open the enlarged portion of colon the intussuscepted ileum was brought into view, livid and gangrenous; its mucous surface, which lay exposed, was coated with a greyish purple exudation of the thickness of the finger nail, easily scraped off, and bringing into view a deep purple surface underneath.

The distal extremity of the intussuscepted gut presented an orifice through which a bougie was passed along its whole length into the ileum above the valve. At least fifteen inches of ileum were estimated as involved in the strangulation. The coats of the large intestine inclosing the incarcerated ileum had undergone no apparent change.

In conclusion Dr. Buck remarked:—This case perhaps is remarkable from the entire absence of any antecedents which could be connected with this attack as a cause; the child being in perfect health up to the time the alarming symptoms were ushered in. The age is that at which it occurs most frequently. In a paper by Dr. Lewis Smith, in which fifty cases are reported, I think more than a quarter occurred between the ages of three and six months. I believe that tenesmus and bloody stools are a frequent accompaniment; they were, however, absent in this instance. There were no exudations upon the viscera, neither were there adhesions, but simply fluid effusions in the cavity of the abdomen.

DR. SMITH stated that in nearly all cases under one year of age antecedent symptoms were unusual.

SCARLET INJECTION OF LARYNX AND TRACHEA IN SCARLATINA.—SUSPECTED CASE OF POISONING BY MISTAKE OF APOTHECARY.

DR. FINNELL presented the larynx and trachea of a girl, four years of age, who died rather suddenly under suspicious circumstances. She came home from school on a Monday, complaining of a sick stomach and headache, and was put to bed. Becoming much worse on the morning of Tuesday a physician was sent for, who wrote two prescriptions, and left directions with the mother as to their

mode of administration. The prescription was so badly written that several druggists were unable to decipher it; at length one was found who professed to be familiar with the handwriting of the physician, and accordingly ventured to put it up. One of the prescriptions read, *Aq. Ammon. ac.* (Liq. Ammon. acetat. being intended), and the apothecary put up in its stead the *Aq. Ammonia*. It so happened, however, that other ingredients in the mixture neutralized the effects of the alkali. The child grew rapidly worse after taking two or three doses of the medicine, and died on Wednesday night. A scarlet eruption made its appearance on the second day of the disease. The circumstances attending the death of the child were such as to call for an investigation by the coroner, and the post-mortem examination was made by Dr. Fennell. It was then discovered that the child died of scarlet fever, and the only interesting point to him was the occurrence of a scarlet redness of the larynx, trachea, and larger division of the bronchi, which he was not aware belonged to the disease in question. A child in the same family died a day or two afterwards with the same fever.

No other specimens appearing, the society went into executive session.

American Medical Times.

SATURDAY, APRIL 12, 1862.

COMMISSION OF LUNACY.

THE Legislature of the State of New York has before it, again, a Bill creating a Lunacy Commission. Such a measure last year passed one branch of the Legislature, but failed in the other through the delinquencies of its professed friends. We took occasion at that time to discuss this subject at considerable length, and, from time to time, articles have appeared in the columns of this journal, from the pens of our ablest writers, setting forth the necessity of the measure. The profession throughout the State are, we believe, alive to the importance of this Commission, and to their urgent appeal to the Legislature is due the consideration which is now given to it. The Medical Society of Oneida County has been especially active in this movement, having had a committee devoted to this object for two years, with DR. COVENTRY as its Chairman, whose intelligent efforts in behalf of the insane will prove one of the brightest acts of a life devoted to suffering humanity.

The provisions of the present Bill do not differ from those of the Bill of last year. It provides for the appointment of a Commission of Lunacy, whose duty shall be to visit, at least once in each year, all almshouses, poorhouses, lunatic asylums, and jails, within the State; to keep a record of such visits; to ascertain the number of insane inmates, the methods of treatment, the general condition and wants of such establishments, and to report the same to the Legislature; to investigate and decide upon the question of the alleged insanity of any condemned prisoner who may apply to the Executive for pardon or commutation of sentence; to institute a careful examination into the mental condition of persons held in custody for the commission of any offence, punishable by imprisonment in the State prison or death, who are suspected of being insane, etc., etc.

It will be seen that the duties of such a Commission are neither few nor unimportant. There are in this State upwards of two thousand insane persons confined in almshouses, jails, penitentiaries, who should come under the personal examination of such Commission; many of these unfortunate persons are the victims of the grossest ill-treatment. It seems impossible that, in an age so distinguished for its intelligent treatment of the insane, and in a State so renowned for its judicious philanthropy, the poor lunatic is to be found still bound by chains in a dismal cell, unwashed, uncleansed, and receiving his meagre pittance like the wild beast of the menagerie. Yet such a shocking spectacle may be seen in many an almshouse of this State.

To correct such fearful abuses as these, to rescue a class of simply unfortunate fellow-men from the loathsome dens to which ignorance has consigned them, is one of the chief objects of this proposed Commission. In no other way can the State judiciously and intelligently interpose in behalf of the poor insane, than by creating an intelligent medical Commission charged with this specific duty. The other duties of such a Commission, as above stated, are not less important, though widely different. To act well the part of an expert in the examination of persons alleged to be insane, requires the highest order of talent, with great practical experience derived from the study and treatment of the insane. No mere general practitioner or medical theorist can discharge its delicate and responsible duties satisfactorily. Notwithstanding the high character of English physicians to the insane, not a month has passed since a British statesman said in debate, "medical men knew no more about it (insanity) than other men. During the time he had sat upon the Lunacy Commission, his experience led him to the conclusion that medical men were as ignorant of mental diseases as other men." This opinion was sustained by the Lord Chancellor, who, in a strain of bitter sarcasm, quoted from medical writers on the diagnostics of insanity.

The Bill of last year contemplated the appointment of a single Commissioner for the entire State. This we regarded as a mistake, for the duties are of a character too great and too responsible to be committed to any single person. The following views, which we then expressed, are confirmed by subsequent consultation with prominent members of the profession in different sections of the State, and we commend them to our Legislators:—

"It may reasonably be doubted whether any physician professionally competent for this commissionership would rejoice in the appointment, for the labors it would impose are greater than any one man can fully and properly perform. The Commissioner must not only carefully inspect every almshouse, lunatic asylum, and jail, in the sixty counties of the State, at least once each year, but he must, as his chief concern, attend personally to every case of alleged unsoundness of mind in the thousands of criminals and persons accused of crime, in a state having a population of four millions, and a criminal calendar that is frightful in numbers and enormity. Whatever is done by the proposed Commission should be well done, and doubtless the time of the Commission will be mainly absorbed in its jurisprudential duties. The proper inspection and supervision of our almshouses and jails alone, would require the incessant labors of one commissioner, and with this service should be coupled the duty of thoroughly investigating the condition and numbers of the insane in all sections of the state. Accurate knowledge and statistics based upon such investigations would be of vast importance to the state, and of the greatest benefit to the unfortunate victims of insanity.

Will the Assembly provide for this? Let the nineteenth Section be better defined, and let there be at least three Commissioners appointed."

LABORS AND RESOURCES OF THE MEDICAL DEPARTMENT OF THE ARMY.

EVERY reader of this journal must have watched with eager and fraternal interest the progress of organization and outfitting in the Medical Department of the army. Less than one year ago that department was, in common with all other branches of the military service, on a peace basis, with a minimum personnel, and the meagre resources which a most rigid economy had forced upon it. The little staff of about one hundred medical officers, scattered from Texas to Oregon, had no surgeons to offer the volunteer regiments as they rushed to the seat of war: indeed, that staff was not sufficiently numerous to furnish the requisite number of administrative officers for the Medical Department of the grand army.

The special session of Congress failed to make any adequate provision for strengthening the medical corps of the regular army, yet left upon its Bureau officers the entire responsibility of preparation, outfit, and control, of a vast corps of volunteer surgeons, and the hospital supplies and administration for more than half a million of soldiers in the field. The tender sympathies of the whole people followed these unseasoned volunteers to their camps, and demanded unusual medical and sanitary care. Even the volunteer surgeons themselves must be instructed in the details of their official duty, while the officers of the War Department were continually receiving advice and suggestions upon questions concerning the hygiene of the troops. The records of the War Office show at how early a period its Medical Bureau was acting in reference to these subjects, and how promptly and cordially it welcomed, and even requested, the cooperation of a Sanitary Commission for preventive and humane ministrations in concert and counsel with the regular medical service.

In the brief period of eight months some twelve hundred volunteer surgeons from civil life were sent into the field with the military forces, and with them came new and large demands upon the regular staff and its central Bureau. Not only were hospital supplies and official supervision to be provided for this volunteer corps, but, as we humbly conceive, it became the duty of the regular staff, and especially of its acknowledged official head, to furnish every volunteer surgeon with specific and friendly instructions and advice upon the leading subjects of his official duties as the medical and sanitary officer of his regiment. To what extent this duty has hitherto been discharged by the chief of the Bureau we are not informed, but there is reason to fear that this most important matter has been inadvertently neglected. We know, however, that the Purveyor-General in this city, and some of the Medical Directors, have not neglected to render themselves useful in this respect. And upon every hand we have received similar testimony respecting the personal labors of Dr. Wood and Dr. Edwards, the chief assistants at the Surgeon-General's office. We know that hundreds of the volunteer surgeons feel deeply grateful for the friendly aid they have received from these and other experienced staff officers. But we cannot forbear to express our strong convictions that the

Surgeon-General should prepare or cause to be prepared a series of suggestive hints and instructions upon various practical questions, and issue them as special orders, or as official advice, to the medical corps of the army. In this manner the medical officers in the field might receive the most important suggestions and information concerning camp and hospital hygiene, the management or prevention of pestilential diseases, and the applications of knowledge of medical topography in the regions to be traversed or occupied by the forces. The management of ambulances for the wounded upon the field, with special advice to surgeons, would also be of practical value to the volunteer corps. Such duties should not be, in fact they cannot be, transferred to the Sanitary Commission. The medical monographs or epitomes, for surgeons in the field, that have been published by that Commission, are truly valuable: and they serve to illustrate the ability of special instructions furnished to the military surgeon in active service. But there are some points connected with regimental and hospital service which will not be properly heeded without an authoritative official communication or order, and there are many more in reference to which the highest and most experienced official counsel is needed by men who have not previously seen military service.

We would not be officious, but as journalists we have here expressed what we know to be the intelligent opinion of our brethren in the army; and we cannot doubt that the acting Surgeon-General would respond to this wish for special and advisory orders and communications from his Bureau, if himself and assistants were not already overworked. Had the late Chief of the Bureau, by such means and by expressions of active sympathy with the entire corps, declared his independence of needless restrictions of *system* and *precedent*, prejudice and enmity would have waged a harmless warfare against him.

In stating the fact, that the Medical Staff and Bureau officers are overworked, we touch upon what appears to be one of the great deficits of the Medical Department of the Army. There is a deficiency in the numerical force of the Department both in field and bureau or administrative service; and to our own mind there appears to be an imperfect and insufficient *division of labor*. Every Medical Director is overworked, and utterly unable properly to attend to his inspectorial duties; and the Surgeon-General and his assistants are cruelly hampered by merely clerical duties, while the supply of the medical force for the regimental and hospital service is utterly insufficient for the active campaign upon which the Grand Army has now entered. We believe it to be the policy of Dr. Wood, the present Surgeon-General, to permit no lack of service and supplies to the sick and wounded, though "red-tape" be torn to tatters; yet there appears to be a necessity for enlarging the powers of the central Bureau, and augmenting the administrative and inspectorial force in the Staff. Until such enlargement by legislation, we know that the profession and the people will both demand and sustain any effective measures of the Surgeon-General for supplying the medical and sanitary wants of the Army.

Having been at some pains to ascertain what is the actual state of the military hospitals and forces in respect of the official force and the medical supplies, these statements are based upon what we know to be true. And if the columns of this journal have fearlessly criticised and suggested, they have also endeavored to be scrupulously

just in all that relates to the Army Medical Service, and the sentiments and wishes of the profession and the people respecting that. As we all know, the idea of *sufficiency* of men and means, and the utmost *effectiveness* in the sanitary and medical care of the forces, is the very embodiment of these patriotic and humane sentiments and desires. It is due alike to the public and the Medical Bureau, that full and frequent information should be given concerning the operations and supplies of the Medical Department of the army. Not only would such information tend to keep alive the fraternal sympathies of the profession, but it would most effectually silence the carping and misrepresentations that have been unworthily indulged in by multitudes of persons both good and bad.

Though we are but partially informed upon the points here referred to, we believe our readers will be agreeably surprised when they learn some of the facts respecting the preparations and supplies already provided for the medical care of the army.

First.—As regards the augmentation of medical forces for field and hospital service, we have ascertained that in the State of Tennessee and Kentucky alone, with an army of about 170,000 men, nearly one hundred civilian surgeons have been added to the Medical Corps, and that these are the very best young surgeons that could be engaged. Other divisions of the Army are being supplied in a similar manner.

Second.—In respect of surgical equipment and hospital supplies, the Purveyor-General has quietly and steadily been accumulating every requisite supply for the prospective necessities of the sick and wounded, until he has, by authority of the Surgeon-General, made the Medical Bureau the monopolist of the more important articles of such supplies; while at the same time some twelve hundred surgeons have received an ample outfit of instruments, etc., and liberal supplies have been furnished for upwards of half a million of troops. It is true that there have been defects in the medical supplies at particular points, but such defects resulted from the incompetency or derelictions of Medical Directors at those places, or from lack of instructions and orders from higher authority. But in this matter we know that the faithfulness and promptitude of the Medical Department have far exceeded those of the higher military powers. For example: the hospital supplies that were ordered for General Patterson's Division in Northern Virginia, early in summer, were promptly placed at Frederick, Md., in time to anticipate the casualties of the battle which GENERAL SCOTT had ordered to be given; supplies for five hundred beds were in place days previous to the anticipated movement. So upon the peninsula between the York and James Rivers we know that hospital supplies were promptly placed within five days of the requisition, and in season to meet the largest army that has ever been concentrated in a single movement upon the Western Continent.

To Cairo, Louisville, Port Royal, the mouth of the Mississippi, and elsewhere, ample supplies of medicine, etc., have been sent, including a thousand ounces of quinine to each grand base of operations. And yet the supplies at the Purveyor-General's command are not sensibly diminished; and we are happy to state that, of our own personal knowledge, the resources of the Purveyor's department, in all the more important elements of hospital supplies, far exceed any estimate of Army Regulations. Of the single article of quinine the supply actually in possession and reserve is

nearly if not quite equal to the demands of a twelve months' campaign for the entire army.

All this is as it should be, and demonstrates the ability and foresight of some of the older military medical officers. We refer to the subject with unfeigned pleasure, and we would assure the officers of the Medical Bureau, that the hearts and hands of the noblest and the ablest of their professional brethren in civil life are ready and anxious to lend any aid that may be demanded of them or desired in the hospitals or upon the field.

THE WEEK.

WE are glad to notice that the charges of cruelty made against SURGEON PORTER of the Alexandria Hospital, are found, on thorough investigation, to be without foundation. The court of inquiry made the following return:—

"The Court finds that the conduct of Dr. John B. Porter towards the patients has been distinguished by kindness and consideration for the wants of the sick; that no complaint has ever been made of Dr. Porter, except in one instance, by the principal complainant, to Col. Mansfield, and that, according to his own evidence, it was immediately corrected. The Court, from its own observation, cannot speak too highly of the condition of the Mansion Hospital, which is exhibited in the fact that out of five thousand patients there have been but thirty-two deaths."

THE Secretary of War has authorized the Surgeon-General of New York, under the direction of the Governor, to organize a volunteer corps of Surgeons to render medical aid when requested. A similar organization has been made under the Governor of Pennsylvania, and valuable services were rendered by Dr. SMITH, Surgeon-General of that State, and his assistants, to the wounded at Winchester. We learn that SURGEON-GENERAL VANDERPOEL, of this State, promptly organized a corps of Surgeons, embracing some of the most eminent men in different sections, who will hold themselves in readiness to leave for the seat of war at a moment's notice.

A FOREIGN medical journal has recently complimented the profession of this country on the enthusiasm with which they have maintained their medical societies, and the scientific character of their discussions, as if undisturbed by a civil war. This remark will prove true of all our medical organizations, but the American Medical Association, which will be an exception. The annual meeting of this body has been adjourned by the resident committee of Chicago to June, 1863. The committee state that they have consulted leading members in each important section of the country, and are brought to the conclusion that the meeting should be further postponed. They have thus done their duty, and we trust the future will prove the wisdom of their decision. Our own opinion of the propriety of this postponement is unchanged. No valid reason has yet been given why this most important of all our medical societies should not hold its annual meeting. If the probable attendance is always to decide whether or not the annual meeting shall be held, the Association had better be adjourned *sine die*. The fact that our Southern brethren cannot meet with us doubtless has weight with some, but it certainly has none with us. We regard the Association as our National Medical Congress, existing independently of all social and political fluctuations, and exercising juris-

diction over all its members, whether present or absent. The meeting in June would have been one of the most interesting ever held; valuable papers were in course of preparation to be submitted, which will now seek other channels of publication, and important questions growing out of the new relations of the profession to the public service would have received that consideration which they require for their proper adjudication. What is perhaps most to be deplored by this long interval, will be the diminution of that moral force which the Association had at length acquired over the profession, and only after years of persistent effort. Other national scientific associations, as the Dental, Pharmaceutical, etc., we are glad to notice, are to have their annual meetings.

THE following order relieving DR. C. A. FINLAY of duty as the Surgeon-General of the army has been issued by the Secretary of War:

"SPECIAL ORDERS—No. 71.
"WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE,
WASHINGTON, April 3, 1892.

" * * * "Surgeon General C. A. Finlay will repair to Boston, Massachusetts, and there await further orders. Surgeon R. C. Wood, United States Army, will take charge of the Surgeon-General's office. * * *

"By order of the Secretary of War.

"L. THOMAS, Adjutant-General."

No reasons are officially assigned for this change. We think it is safe to presume that the Secretary of War has simply put into operation the rule of "*selection versus succession*." The report of disloyalty is a fabrication without a shadow of foundation; whatever may have been alleged against his administration of the Medical Bureau, the late Surgeon-General was a devoted and loyal officer. Facts well known to us fully warrant the opinion that when the final history of the present medical staff is written, it will be seen that the senior members of that corps have displayed a liberality, loyalty, and devotion to the welfare of the army and its medical service, that may well be imitated by younger and more aspiring officers. The selection of the veteran officer, Dr. R. C. Wood, for the position of chief of the Bureau, is justly expressive of the large confidence and esteem which that excellent representative of his staff has always and everywhere commanded. There will be no strife for pre-eminence among such men as Finlay, Satterlee, and Wood. Whoever is chief in authority at the Bureau, we beg him to select and detail "the right man for the right place" wherever administrative and directoral duties are to be performed.

Reviews.

COURSE OF LECTURES ON THE PHYSIOLOGY AND PATHOLOGY OF THE CENTRAL NERVOUS SYSTEM, delivered at the Royal College of Surgeons of England, in May, 1858, by E. Brown-Séquard, M.D., F.R.S. 1860. Philadelphia. J. B. Lippincott & Co.

LECTURES ON THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS OF PARALYSIS OF THE LOWER EXTREMITIES, by E. Brown-Séquard, M.D., F.R.S. 1861. Philadelphia. J. B. Lippincott & Co.

(Continued from page 198)

No anæsthesia is associated with any lesion limited to either of the white columns of the spinal cord. Confined to one side of the body, anæsthesia in spinal diseases is a symptom of alteration in the grey matter of the opposite

half of the cord, or all along the posterior grey horns in which the posterior roots pass before going to the other parts of the cord. In such a case sensibility might exist below and above the regions injured: not an instance of this kind, however, has been observed.

Anæsthesia in a limited part of the body, whether alone or with paralysis of movement, cannot be a sign of any other local spinal affection than a lesion, either in the posterior grey horns, destroying the posterior roots at their place of entrance, or in the centre of the grey matter involving the decussation of the sensitive conductors: as in central softening of the cord, in spina bifida with hydro-rachis, in diplomyelia.

Hyperæsthesia, contrary to anæsthesia, may exist alone, and is a constant result of lesion in the posterior parts of the cerebro-spinal axis, from the tubercula quadrigemina down to the lower end of the spinal cord. It almost always co-exists with an increased temperature.

Paralysis of movement is not an essential symptom of alteration in the posterior columns, but of:—

1°. A lesion of the anterior columns, everywhere except in the upper part of the spinal cord, near the medulla oblongata.

2°. A lesion of the lateral columns near their decussation at the upper part of the spinal cord, and, perhaps, not in the other parts of the organ.

3°. A lesion of the whole central part of the grey matter.

The symptoms in the trunk and limbs according to the seat of a lesion in one lateral half of the cerebro-spinal axis, are:—

1. Lesion in the brain proper, the optic thalamus, or the corpus striatum.

On the opposite side	On the same side
Anæsthesia	Normal sensibility
Paralysis of movement	Normal movements
Increased temperature (even without fever).	Normal temperature.

2. Lesion of the pons varolii, or the medulla oblongata, above the decussation of the anterior pyramids.

On the opposite side	On the same side
Anæsthesia	Hyperæsthesia
Paralysis of movement	Normal movements
Diminished temperature.	Increased temperature.

3. Lesion of the medulla oblongata at the level of the decussation of the anterior pyramids.

On the opposite side	On the same side
Anæsthesia	Hyperæsthesia
Paralysis of movement	Paralysis of movement
Diminished temperature.	Increased temperature.

4. Lesion of the spinal cord.

On the opposite side	On the same side
Anæsthesia	Notably increased sensibility
Movements nearly normal*	Diminution or loss of motor power
Diminished temperature.	Increased temperature.

About the etiology of paralysis in the same side of the encephalic lesion Dr. Brown-Séquard gives the following important account:

"When a tumor exists, pressing upon the anterior surface of one of the crura cerebelli, and upon the insertion of the trigeminal nerve, if it causes paralysis, it is in the same side of the body. I have collected fourteen cases of this kind, all having the same features, which are: *incomplete* paralysis in the side of the lesion, no anæsthesia (except in one case), and frequent fits of vertigo. Now, as to the explanation of this kind of paralysis, we will say that it is either the result of the destruction of some conductors employed in voluntary movements (to regulate them or to act otherwise), or of the irritation of certain nervous

* By an error of printing the condition of voluntary movements is not correctly stated in classes No. 1 and 4 of the table in the book. The errors, however, have been noticed by Dr. Brown-Séquard in his last lectures "On the Diagnosis and Treatment of the Various Forms of Paralytic, Convulsive, and Mental Affections," published in the *Lancet*.

fibres in the peduncle itself or near it. Were the first hypothesis the true one, we should find that a destruction of the whole peduncle causes paralysis in the corresponding side only, or in it and in the other one, and not in this other alone; but there are several cases in which there has been, with such an alteration, a paralysis in the opposite side only. We should find, also, that alterations of the parts by which the *crus cerebelli* communicates with the muscles produce a paralysis in the same side of the body, together with a paralysis in the opposite side. But this is not what is observed. I have collected more than thirty cases of alteration in a lateral half of the *pons varolii* and *medulla oblongata*, in many of which the lesion extended to the *crus cerebelli*, and in all the paralysis was in the opposite side only. For instance, in a case of Dr. Annan, which I have related (see case 38, Lecture VII), the whole connexion of the *right crus cerebelli* with the *right* half of the *medulla* and of the *pons* was destroyed, and the paralysis existed only on the *left* limb. (There are a few cases, however, in which a tumor has pushed backwards and upwards the *crus cerebelli*, and the corresponding half of the *pons*, producing only a slight degree of paralysis in the same side of the body.)

"As to the other hypothesis, we will say that it is the only one we can find able to explain the production of the paralysis in the side injured, in cases of irritation of the *crus cerebelli*; and we will add, that perhaps the same explanation would be the right one for all the cases of the so-called *direct* paralysis. But whether it is the irritation of the fibres of the *crus*, or of those of the *trigeminal* nerve, which causes the paralysis, we cannot tell, and we have no time to discuss the question. The same reason prevents our examining why the anterior surface of the *crus cerebelli*, or the *trigeminal* nerve at its point of insertion, have more power than in their other parts, or than the rest of the *encephalon*, to cause a paralysis, in consequence of an irritation. I will only say, that we find that the peripheric parts of the same nerve in the gums and the bulb of the teeth, as also certain parts of the sympathetic nerve, have more power to produce a paralysis than other nervous ramifications in many parts of the body; and that, therefore, there is no ground for an objection to our hypothesis from the fact that such a paralysis is not caused by the irritation of other parts of the *encephalon* than the *crus cerebelli*. I may add, that when an irritation on a nerve causes a paralysis, it is usually in the corresponding side of the body that it appears, just as is the case when a tumor exists between the petrous bone and the *crus cerebelli*."

At the close of the book is the summary account of a case of this special kind of paralysis, published by Dr. Ogle, which may serve, as stated by Dr. Brown-Séquard, as a type of analogous instances. After the Lectures already examined is a comprehensive appendix on the objections against the views brought forward by Dr. Brown-Séquard, and also on the therapeutic deductions which are to be drawn therefrom. Although last, not least is the interest of this part, and we quote its general conclusions:—

a. Reflex movements alone, and not sensations and volition, exist in monsters deprived of a great part of their cerebro-spinal axis.

b. When the spinal cord, the *medulla oblongata*, or the *pons varolii* are altered, even considerably, sensibility and volition may continue to exist, because there are still communications by nerve-fibres through the altered parts, between the nerves of the trunk and limbs, and the parts of the *encephalon*, in front of the *pons*.

c. If the reasons given by many physiologists to prove that the *pons varolii* is the seat of the centre for volition, and for perception of sensitive impressions, were true, we should have to admit that the *medulla oblongata* is the centre (or, at least, a part of the centre) for these faculties, because the same reasons appear to prove the same for this organ as for the *pons*.

d. Very likely these faculties have not their centre (at least their principal centre) in the *pons varolii*, and, still less, in the *medulla oblongata*.

e. There appear to be, in many places of the *encephalon*, nerve-fibres, which are not voluntary motor, and which, nevertheless, go to muscles, either in the same side of the body as the side of the *encephalon* from which they originate, or in the opposite side, and that these muscular nerve-

fibres are able to produce convulsions when they are irritated by an injury or an alteration in the *encephalon*, so that convulsions may take place either in the paralysed side or in the other.

f. The results of the researches of Dr. Ludwig Türck (showing that alteration of a part of the *encephalon* brings on a change in the structure of the nerve-fibres which go from the part into and along the spinal cord), cannot in the actual state of science prove against or in favor of any doctrine relative to the place of decussation of sensitive and voluntary motor nerve-fibres.

Therapeutic deductions.—The laying bare of the spinal cord, or of its membranes, is not a dangerous operation. Death after fracture of the spine is usually due to the effects of a pressure, or some excitation upon the spinal cord, and not the result of a partial or complete section. A morbid excitation upon the cord, and not its loss of action, produces:—sloughs on the sacrum, changes in the urinary secretion, alteration in the mucous membranes of the bladder, and myelitis. To avoid all these causes of death it is extremely important to remove, if possible, the pieces of bone that irritate the spinal cord. Therefore, trephining, or the extirpation of broken pieces of bone, or the raising up, or lifting out of the posterior arch of one or several vertebrae, when they press upon the spinal cord, are operations which ought to be resorted to, in most cases of fracture of the spine, as quickly as possible after the fracture, and before inflammation has set in. Clinical experience agrees with the exactitude of this assertion. Let us state, in addition, that the functions of the cord may return after cure of the wound, as also that a new bone may be produced after removal of some parts of the vertebrae.

Sloughs on the sacrum, nates, etc., in cases of fracture of the spine, myelitis, meningitis, etc., are prevented, or rapidly cured, by using alternately two poultices—one of pounded ice, kept in a bladder, applied for eight or ten minutes, and the other of very warm bread or linseed to be left for one or two hours, or even longer.

(To be Continued.)

Correspondence.

WASHINGTON.

[Special Correspondence of the AMERICAN MEDICAL TIMES.]

THERE are many facts which may be gathered in Washington and the adjoining region, which you may deem worthy, perhaps, of spreading before your readers; some of which I shall, from time to time, communicate, to be used or not, as may seem best in your judgment.

The present grand, forward Southern movement, now in progress, reveals the fact that there are large numbers of soldiers in the camps, who are from previous sickness, or other causes, disqualified for active service, for whom convalescent hospitals have to be provided; and these are now being prepared, not only in this city, Georgetown, and other places in this vicinity, but also in New York, etc. On Thursday last, Dr. Tenbroeck, U.S.A., was deputed by the Surgeon General to New York city, with instructions to co-operate with Dr. Satterlee, Medical Purveyor, and Dr. McDougal, U. S. M., in erecting and opening temporary convalescent hospitals for the reception of several hundred patients, who will be forwarded as soon as the buildings, etc., are ready. These will be in charge of Dr. McDougal, with the necessary assistants. On the same day, 21st inst., Dr. Joseph R. Smith, U.S.A., who is at present in charge of that model establishment, the "Seminary Hospital," at Georgetown, was deputed to find a suitable building for a convalescent hospital, large enough for the accommodation of several hundred patients, and have

it in readiness for their reception in forty-eight hours; and to-day they are being received. The long inaction of our army of the Potomac, in camp for so many tedious months, has naturally produced a great deal of sickness and mortality; greater, than would have occurred in active operation in the field. I am no judge of military matters, but looking on war in a hygienic point of view solely, were I General-in-Chief, I should try, at all hazards, to keep my soldiers moving. The demoralization and sickness of an army in camp, deprived of all sources of healthy excitement, and exposed especially at the same time to the depressing influence of a malarious atmosphere, are such as to excite our tenderest sympathies and regrets. It may, perhaps, in the estimation of some, be well, that our army is not controlled by hygienists, for if it were, strategy would probably succumb to other considerations, more closely allied to humanity. But here, as in other cases, everything must yield to dire necessity, and the accomplishment of the great ends in view. Let us hope that Washington may not be to our troops, what Capua was to Hannibal's.

It is difficult from any published statistics to get at the actual facts regarding the past mortality in our army. The statements recently published in our newspapers on this subject, are wholly unreliable. These statements purported to give the number of deaths officially returned to the office of the Surgeon-General, during each quarter of the year 1861, and that these were the deaths in 257 regiments. But it is a great mistake to suppose that the deaths so reported comprised all that had occurred in a year in 257 regiments. Many of these regiments having been but a few months in the service, only the deaths of the last quarter of the year can be considered as embracing all occurring in those regiments, the deaths given for the preceding quarters having occurred in a much smaller number of regiments. From these data it would appear that in each of the regiments represented, there were, during the last quarter of 1861, on an average, twelve deaths, or a monthly average of four deaths to each regiment. Supposing there are 600 regiments in the field, then, according to these official data, the number of deaths in the army for each month of the last quarter-year, must have been 2400, or 28,800 per year. But these rates should, perhaps, be somewhat reduced, on account of deaths occurring in general hospitals, from other regiments, and included in the returns for the quarter. The number of regiments, in service, according to Secretary Cameron's last Report, was 660, which will give, at the above rates, a monthly mortality average of 2,640 deaths.

This is a per centage of 54, scarcely more than the average mortality of the U. S. army ten years past. This is on the supposition of the army embracing 660,000 men; but there is good reason for believing that the number considerably exceeds this amount. This certainly presents a very favorable view of the health of our army, considering much of the material of which it is made up; and is conclusive in regard to the wisdom, skill, and efficiency of the Medical Department, and especially of its experienced head.

At the present time, or rather on March 14th, 1862 (at present the number is somewhat greater), there were, of sick and wounded soldiers at Seminary Hospital, Georgetown, 128; at General Hospital, Union Hotel, Georgetown, 184; at St. Elizabeth Hospital, Eastern Branch, 102; at Indiana Hospital (Patent Office), 145; Hospital for Eruptive Diseases, 56; at Douglas Hospital, Kalorama, 208; at General Hospital, Alexandria, 519; Columbian College Hospital, 237; General Hospital, Circle, 130; General Hospital, Eckington, 44—Total, 1753.

Arlington House, which has for some months been occupied by Generals McDowell and King as "Head Quarters," is now being fitted up as a Government Hospital; a better or more healthy location it would be difficult to find in this whole region. The new hospital in Judiciary Square, Washington, is now nearly completed. It will be recollected that the former Infirmary edifice was destroyed by fire on the 4th of November last. In less than five months, there

has been erected a building of enlarged dimensions, better arranged, with all the modern arrangements.

The new hospital fronts on E street. In the centre there is a corridor extending 380 feet, being the entire length, with a width of ten feet. The first is called the "Administration Building." This is two stories in height, the lower being fitted up for the physicians, apothecary department, nurses, storerooms, etc., and the upper part for chambers. The kitchen is 52 by 28 feet, with many admirable arrangements and appliances for the cleanly and proper preparation of nutritious food. The centre building is 32 feet wide, by 280 in length, commodious and convenient. Contiguous to these, and in perfect connexion, there are on each side five ward buildings, 28 by 84 feet. These are so arranged as to leave immediately opposite (on the other side of the corridor), an open space of 27 feet in width, thereby securing free ventilation and abundant light. Each of these wards is furnished with rooms for nurses, and one for convalescents, besides bath-rooms, closets, etc. This vast and benevolent "Retreat" is elevated three feet above the ground, and at all seasons will be perfectly dry. It covers an area of one and a half acres, is abundantly supplied with pure water, gas, and every other requisite which can contribute to the recovery, comfort, and cheerfulness of the inmates. Under ordinary circumstances, 200 patients can here be amply accommodated; and if an emergency arise, the building is competent to receive double that number.

There is one gigantic nuisance in Washington, Georgetown, etc., which must be abated, before this can be made anything like a healthy locality. I refer to the Washington canal—constructed at an enormous expense, and at the time regarded as one of the greatest possible improvements. It seems to be the grand receptacle of nearly all the filth of the city. The waste from all the public buildings, hotels, and very many private residences, is drained into it. It is now in many places filled with accumulations from such sources, so as to present beds of rank vegetation and offensive soil, above the level of the water. How the citizens of Washington expect to enjoy good health, with this immense mass of foetid and corrupt matter, giving off its pestiferous effluvia, is difficult to understand. The Smithsonian Institution could do no better service to the public, it seems to me, than to diffuse some useful knowledge on such matters, as well as on shells and birds' eggs. I am not about to dispute the great utility of such ingenious investigations, but were I a resident here, I should prefer to have some original researches made in other directions, as, for example, into matters lying either on the surface, or near to it. Should these labors result in the abatement of this nuisance, they would render a greater service to the inhabitants of the city, than in collecting all the corals of the tropical seas, or the rare birds and animals of New Holland and Africa.

I could hardly subscribe, however, to the plan of Mr. French, Commissioner of Public Buildings, in his recent Report to Congress, viz. to dredge the canal, and deposit all the filth on the public grounds on the south side of Capitol Square, for the purpose of filling in. This would furnish a most excellent and fruitful source of malaria for a generation to come, and might, perhaps, in one way, be a public benefit, for Congress could never prolong its sessions beyond the month of May, for fear of the annual pestilence. For one, I venture to predict, that unless the dead horses in this region be buried, and this load of filth in the canal be removed from the city limits, as soon as the summer heat prevails, there will a pestilence spring up, such as Washington has never been visited with before. Again, I say, let the Smithsonian Managers awake, and enter on a regular hygienic crusade, set the U. S. Sanitary Commission at work, and then we will see if our President and Heads of Departments cannot safely live here during summer and autumn, and not be obliged to wander to the seaside, or the mountains of New England, in pursuit of health. More anon.

L.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 31st day of March to the 7th day of April, 1862.

Deaths.—Men, 105; women, 81; boys, 165; girls, 104—total, 455. Adults, 156; children, 260; males, 370; females, 185; colored, 7. Infants under two years of age, 174. Children reported of native parents, 58; foreign, 200.

Among the causes of death we notice:—Apoplexy, 8; Infantile convulsions, 45; croup, 8; diphtheria, 19; scarlet fever, 39; typhus and typhoid fevers, 10; consumption, 69; small-pox, 7; dropy of head, 22; infantile-maramus, 16; diarrhoea and dysentery, 0; inflammation of brain, 7; of bowels, 14; of lungs, 31; bronchitis, 7; congestion of brain, 7; of lungs, 4; erysipelas, 8; whooping cough, 11; measles, 5. 286 deaths occurred from acute diseases, and 85 from violent causes. 815 were native, and 140 foreign; of whom 91 came from Ireland; 5 died in the Immigrant Institution, and 47 in the City Charities; of whom 9 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Mar. & April 1862	Barometer.		Temperatura.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity Sat'n, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
29th.	30.05	.14	35	25	50	8	18	N.W. to S.	3	510
30th.	29.98	.10	35	29	51	5	8	S.E.	6	681
31st.	29.94	.18	40	34	43	2.5	4	S.E.	9	894
1st.	30.14	.20	40	36	45	5	7	N.W. to S.E.	9	707
2d.	30.20	.10	40	33	46	4.5	5	S.E.	10	780
3d.	30.00	.24	58	42	68	7	14	S. to W.	2	580
4th.	30.10	.14	51	41	60	11	17	N.W.	3	420
5th.	29.90	.30	37	34	40	2	8	N.E.	9	894

REMARKS.—29th, Wind fresh; sky variable; clear early and late. 30th, Fresh wind early A.M.; sky dark after half-past 3 P.M.; hail, rain, thunder and lightning late at night. 31st, Very light rain early A.M. and P.M. April 1st, Clear early A.M.; day overcast. 2d, Rain late P.M.; Barometer very high. 3d, Rain early A.M., with fog; clear day. 4th, Fresh wind all day; very dry air; cloudy P.M. 5th, Light rain from 11 A.M. to sunset; cloudy A.M.; clear late.

MEDICAL DIARY OF THE WEEK.

Monday, April 14.	{ New York Hospital, Dr. Halsted, half-past 1 P.M. Bellevue Hospital, Dr. Thomas, half-past 1 P.M. Eye Infirmary, 12 M.
Tuesday, April 15.	{ New York Hospital, Dr. Markoe, half-past 1 P.M. Bellevue Hospital, Dr. Loomis, half-past 1 P.M. Ophthalmic Hospital, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, April 16.	{ New York Hospital, Dr. Griscom, half-past 1 P.M. Bellevue Hospital, Dr. Sayre, 1s. Hoa., half-past 1 P.M. " " Dr. Flint, 1s. Hoa., 8 P.M. Eye Infirmary, 12 M. Academy of Medicine, 8 P.M.
Thursday, April 17.	{ New York Hospital, Dr. Halsted, half-past 1 P.M. Bellevue Hospital, Dr. Elliot, half-past 1 P.M. Ophthalmic Hospital, Drs. Stephenson and Garrish, 1 P.M.
Friday, April 18.	{ New York Hospital, Dr. Markoe, half-past 1 P.M. Eye Infirmary, 12 M. Bellevue Hospital, Dr. McCready, half-past 1 P.M.
Saturday, April 19.	{ New York Hospital, Dr. Griscom, half-past 1 P.M. Bellevue Hospital, Dr. Wood's Clinic, 1 P.M. Ophthalmic Hospital, Drs. Stephenson and Garrish, 1 P.M.

BELLEVUE HOSPITAL MEDICAL COLLEGE.

ORDER OF LECTURES IN SPRING SESSION, 1862, FOR THE WEEK ENDING APRIL 19.

Monday, Prof. MOTT, 12 M.
Tuesday, Prof. ELLIOT, 12 M.
Wednesday, Prof. SAYRE, at Island Hospital, 3 P.M.
Wednesday, Prof. FLINT, at Island Hospital, 8 P.M., (steamer leaves at 1½ P.M.)
Thursday, Prof. WOOD, 12 M.
Friday, Prof. SMITH, 12 M.
Saturday, Prof. FLINT, Jr., 12 M.
Clinical Lectures by Prof. TAYLOR, Thursday, 1½ P.M.
" " by Prof. MCCREADY, Friday, 1½ P.M.

The order of Lectures for the coming week will be published weekly in the AMERICAN MEDICAL TIMES.

SPECIAL NOTICES.

THE NEW YORK ACADEMY OF MEDICINE.—On Wednesday Evening, April 16th, Dr. A. K. GARDNER will read a paper on "Amputations of the Cervix Uteri."

Wm. H. Davol, M.D., late Physician
to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.
References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

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American Medical Association.—

ANNUAL MEETING.—We, the undersigned, Committee of Arrangements of the American Medical Association, after free consultation with Officers and Members in each important section of the country accessible to the Committee, feel constrained to give notice to the profession, that the regular Annual Meeting of the Association is further postponed until the first Tuesday in June, 1863.

Committee.—N. S. Davis, J. Bloodgood, G. W. Freer, H. W. Jones, E. Andrews, D. Lusk Miller, Thos. Bevan.
CHICAGO, March 29, 1862.

To Physicians.—Jerome C. Smith,

M.D., late of McLean Asylum, near Boston, is prepared to receive into his house, 107 East 39th st., a limited number of Epileptic or Nervous Invalids for care and treatment. He can give them superior accommodations, and command the services of the most approved nurses.

References.—D. Tilden Brown, M.D., Supt. Bloomingdale Asylum, Manhattanville, N. Y. Edward R. Chapin, M.D., Supt. Kings Co. Lunatic Asylum, Flatbush, L. I. Moses H. Ranney, M.D., Supt. N. Y. City Lunatic Asylum, Blackwell's Island. John E. Tyler, M.D., Supt. McLean Asylum, Somerville, Mass. Rev. Wm. Adams, D.D., No. 8 East 24th St.



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the Skin in Children; from the French of Caillaud. With Notes by R. H. Blake, M.D. 8vo. London, 1861. Price \$2.50.

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Each Granule contains one-third of a grain of Hydro-alcoholic Extract of *Digitalis Purpurea*. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary secretion, act remarkably well in the *Nervous Palpitations*, *Aneurisms*, and *Hyper-trophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

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Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia*, *Headache*, convulsions of the stomach, &c., &c. It is favorably spoken of by Drs. Trouessart, Pidoux, Grisolle, &c., &c.

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Original Lectures.

CLINICAL LECTURE ON ALBUMINURIA,

DELIVERED AT THE NEW YORK HOSPITAL,

By H. D. BULKLEY, M.D.,

PHYSICIAN OF THE HOSPITAL.

PART II.

At our last meeting, gentlemen, we passed in review seven cases of albuminuria which have come under our observation during the two months just closing (Sept. and Oct., 1861), and I propose now to call your attention to certain practical points in their history and treatment from which some instruction may be derived.

In looking at these cases as a whole, you will notice that of the seven, there was but one in a female; and without drawing any conclusion from this limited number as to the relative frequency of this disease in the two sexes, I would remark that statistics show a much larger number of cases in males than in females.

Six out of the seven patients had had the venereal disease in some form, either in that of gonorrhoea or of chancre, and three of them in both forms. I mention this fact, because syphilis is classed by some writers on this disease among its predisposing causes. Of those who had the venereal disease, only one is noted as having taken mercury, and he was twice salivated, though it is probable that it was taken by others without having been inquired into. One patient, who had had repeated attacks of lead poisoning, was salivated five times for that disease, and never had the venereal. The use of mercury is also placed by some among the predisposing causes of albuminuria.

The ages of six of the patients varied between 24 and 30 years—one was sixty years of age.

Five of the patients presented that doughy and puffy condition of the face, usually so characteristic of this disease, while two of them (one of them the patient sixty years old) had a remarkably florid complexion, which formed a great contrast to what is usually seen, and which gave them the appearance of full health.

In two of the cases, the attack of albuminuria was preceded by disease of the digestive organs, one in an acute form, and the other in a chronic. The former of these first suffered from loss of appetite, headache, pain in epigastrium, thirst, etc., and entered the hospital on account of these pains, particularly after eating, and had on admission a very poor appetite, furred tongue, headache, and occasional nausea, constipated bowels, etc., with a pulse of 90 to 100, and a hot and dry skin, and was supposed at first to be laboring under a mild attack of fever. His fever subsided, and the dyspeptic symptoms diminished very much, and he had gained strength, when, at the end of about a month, it was discovered that he was passing a large quantity of urine daily (about a hundred ounces), which contained an abundant quantity of albumen, and that both his feet had become slightly swollen. The specific gravity of the urine was not noted, nor was it examined microscopically. He felt very well, however, and had a remarkably florid complexion. The urine in this case contained nearly as much albumen at the end of five months as when first found to exist in it, and the quantity passed still ranged between sixty and seventy ounces daily. When examined microscopically about a fortnight since (between four and five months after known to have albuminuria), it contained numerous casts, mostly of the large waxy variety, some of them containing oil globules. The quantity of albumen by nitric acid is now about one third of the quantity of urine. The other case under this head was in the man, sixty years of age, also remarkable for his florid complexion, and appearance of excellent general

health, who had been subject to occasional attacks of diarrhoea for many years, and who, since he has been in the hospital, has had several attacks of cholera morbus without any apparent cause. He has for some time passed large quantities of whey-colored urine (seventy to ninety ounces in twenty-four hours), of very low specific gravity (1008); and large waxy casts have been found in it. I dwell on these two cases somewhat, because I think that where marked spasmodic symptoms have continued for some time, and especially where there have been attacks of either vomiting or cholera morbus, or of both from time to time, without an appreciable cause, we should always investigate the condition of the urinary organs, and examine the urine with reference to albuminuria. In the case alluded to at the close of our last lecture, you will remember that the patient had two severe attacks of vomiting without any apparent cause, and that he was found to be passing about one hundred ounces of urine daily, of a whey color, and of very low specific gravity, though no albumen could be detected in it by either heat or nitric acid, nor any casts, though the microscopical examination was less careful and less frequent than could have been wished. In the case of a private patient not long since, to whom I was called on account of a violent attack of vomiting without evident cause, and who I had been suspecting for two or three years might become the subject of Bright's disease, I was led to examine the urine, and found it to contain albumen, and also to exhibit blood corpuscles and granular casts under the microscope. The mucous membrane of both the stomach and bowels is known to be affected in a certain proportion of cases of albuminuria, as well as that of the bronchial tubes, giving rise to a troublesome cough, especially in chronic cases. I need hardly add that these disturbances are not unfrequently caused by irritating matter retained in the blood, which the kidneys are not able to eliminate from the system.

Three of our patients had been intemperate, and two had been moderate but constant drinkers. The habits of the other two were not noted. The excessive use of stimulating drinks is classed among the causes of albuminuria. I would remark, in passing, that I saw one case of this disease in private practice which proved fatal, in a gentleman, 58 years of age, who had entirely abstained from the use of everything of this kind during his whole life. He had been subject to gout for many years. His urine contained albumen, and his kidneys were found indurated and contracted after death, and he had also cirrhosis of the liver.

Some of the forms of cerebral disease were illustrated by a portion of our patients. One had had an attack of epilepsy a few days before admission; and when first seen, was in a semi-comatose state, with his tongue very much swollen, from having bitten it during the attack. This condition of his brain and of his tongue, and the fact which we were able to learn from him that he had had a dropsical swelling of his limbs, led me to suppose it to be a case of albuminuria, before any opportunity had offered for examining the urine. The quantity of albumen was very large when he entered, and at the end of about five weeks there was but the merest trace of it. This patient complained of dimness of vision during the whole of the time.

Another patient, the one sixty years of age, suffered at times, more or less, from headache, and was also occasionally troubled with nausea and dimness of vision, and also experienced a slight loss of sensation, and power of motion of the left leg. The dropsical symptoms, however, had all ceased, and the albumen had also disappeared from his urine when I first saw him, though he was still passing a large quantity of urine of very low specific gravity, and large waxy casts were also found in it.

In the case which we have not included among those of albuminuria, in which large quantities of whey-colored urine, of very low specific gravity, were passed for some time, but in which there was no dropsy, nor could any albumen be detected in the urine, nor any casts, the patient was brought into the hospital in a state of uncon-

sciousness, and had paralysis of the lower limbs, which continued for several weeks, but finally disappeared.

But one of our patients exhibited any signs of disease of the heart, and in this case they were very prominent. This was the German who entered the hospital in an advanced stage of the disease, and who only lived fifteen days after admission. This man stated that he had an attack of dropsy seven years before, which lasted thirteen months. He had an attack of dyspnoea the day before his admission, and a few days after had well-marked signs of pericarditis, and the apex of the heart was found to beat four and a half inches to the left of the median line.

All the patients had dropsical effusion into some part or parts when we first saw them, or had had it previously, which more commonly commenced, according to their account, in the feet and legs more frequently than in the face. In three of the cases, the patient who had epilepsy, and the two patients in whom the complexion was so florid, it had disappeared before they came under my care. In one other, the female, no diminution of the dropsical effusion occurred. One entered the hospital just as my term of service was about expiring, so that no plan of treatment was instituted by me, and one died at the end of fifteen days. In the remaining case, the dropsical effusion, which was abundant in the legs and thighs, had all disappeared at the end of twenty-seven days after admission.

The quantity of urine was above the average healthy standard; in five cases, in which it was regularly measured, ranging from 50 up to 110 ounces daily; and in two cases continuing at about 100 ounces for successive days, and even weeks.

The specific gravity of the urine was low in all the cases, ranging as low as 1007 and 1008 in three, and only rising to 1016 in one case for a short time; and this was in the man who had the attack of epilepsy.

The urine was examined microscopically in only four cases; and in these not so often, nor so accurately, as should have been the case, in consequence of the absence of the microscopist of the institution, which I regret very much, appreciating as I do so fully the value of such examinations in this disease. In the first case, that of the painter, blood corpuscles were found eleven days after admission; and at the end of sixteen days more, exudation corpuscles, fatty casts, a few blood corpuscles, and torulae were seen in it. In this case, the dropsy had, at the time of the second examination of the urine, entirely disappeared, and the urine was whey-colored, and contained about one-sixth of its volume of albumen.

In the fourth case in our list, the patient who had dyspeptic symptoms for some time before albumen was detected in his urine, numerous casts, mostly of the large waxy kind, but some containing oil globules, with an abundant deposit of phosphates, were found about four months after the existence of albumen was discovered; and in the fifth case, large waxy casts were also found; and in both these cases the dropsy had entirely disappeared for some time, and both had the florid complexion and general appearance of good health before alluded to. In one of these, the man sixty years of age (the 5th case), the urine had contained no albumen for between two and three months, but was of low specific gravity (1008 to 1010), and the quantity passed was large. The other case in which the urine was thus examined, was that of the patient just received into the hospital, which contained lithates, but no casts, nor blood globules, though the examination was but a partial one.

Of these cases, one (the female) was in the hospital two months and eleven days, and left it in about the same condition as when she entered, with the urine of very low specific gravity, and loaded with albumen. Another was in the hospital twenty-seven days, and left it entirely free from dropsical swelling, and with great diminution in the quantity of albumen, with the urine of very low specific gravity, and abundant in quantity.

A third (5th case) left at the end of four and a half

months, free from dropsical symptoms, and also from albumen, which had disappeared from the urine two or three months before; but still passing a large quantity of whey-colored urine, of very low specific gravity. Three are still remaining in the house. One of these has been here five months, with numerous casts in the urine, mostly of the large waxy kind, and the urine consisting of about one-third of albumen, though the dropsy has entirely disappeared, and he has the appearance of good general health. A second has been here nearly seven weeks, and is very much improved in general health, and his urine containing only about one-fifth of albumen, and of increased specific gravity. The third of this group has just entered. The only remaining one of our list died with marked signs of pericarditis and great enlargement of the heart, fifteen days after his entrance here.

A glance at the record of the cases will show that they presented features differing much from each other, hardly agreeing in anything but the presence of more or less dropsical effusion at some period of their progress, and also of more or less albumen in the urine. The only variation in the means ordinarily employed in the treatment of these cases, was in the use of the chlorate of potassa, which several had taken before I saw them, and in some of whom I continued its use, but without perceiving any special result, either good or bad. The hot-air bath was used much more sparingly than in former years. I have often used this with much satisfaction in albuminuria, but consider it much better adapted to acute than to chronic cases, as a general rule. Though a valuable resource, it should not be used indiscriminately. In some patients it causes great irritation of the skin, without producing free sweating, and sometimes even gives rise to an erysipelatous state of the skin, and even to superficial ulcers on the limbs. It was used for only a few days in the first case in our list, our only female patient, and was then discontinued on account of its unpleasant effects on the skin, and its negative results in causing free perspiration.

Dry cupping was used in the same case for some time, but with like negative results. It was applied three times a week for some time, and the register carefully examined the next day after it was done, to see whether there was any diminution in the quantity of water passed. The symptoms in this case were those of the large fatty kidney, and I doubt whether any good is to be expected from it in this class of cases. No case presented itself in which wet cups were thought advisable, though recognised as being very effectual in acute and recent cases in robust persons. Mustard poultices, followed by the continuous application of flaxseed poultices, are found of great benefit in cases not sufficiently active in their character for any abstraction of blood, and sometimes dry cups may precede these means with advantage.

Diuretics were used in most of the cases, though doubtless in some in which their use was not indicated. The combination of acetate of potash and infusion of buchu was the one almost exclusively used. It would seem more proper to dispense with this class of remedies when the quantity of urine daily passed is above the normal standard.

Purgatives were used in some of them with manifest advantage. The form used most commonly was that of the compound powder of jalap; but this was found so ineffectual in two of the cases that elaterium was substituted for it. The strong extract of this article was the form selected, and this was given in doses of one eighth to one quarter of a grain, and with most decided effect. One of the cases referred to was that of the patient who had the epileptic attack, whose bowels were obstinately constipated, and who continued to have dimness of vision for some time afterwards. The other case in which elaterium was used was that of the painter, who was obstinately constipated, and whose legs were very much swollen. He had taken liberal doses of pulv. jalap. comp., which were followed by pills containing one-sixteenth of a grain of the strong extract; and under this treatment, without the use of any diuretics, the

dropsy had nearly disappeared at the end of eleven days. The large quantity of urine which he passed (at one time 100 to 110 ounces daily) appeared to contra-indicate the use of any means to act on the kidneys.

The nitro-muriatic acid was used in one case, that of the patient in whose urine there was an abundant deposit of phosphates, and was given in doses of three drops, three times daily, in infusion of gentian. These salts ceased to appear in the urine at the end of thirty-eight days, at which time it contained albumen, in the proportion of about one-third of its quantity, and was passed at the rate of sixty or seventy ounces daily. The action of this acid is doubtless on the secondary process of digestion, and it would, therefore, seem to be well adapted to certain cases in which this is deranged. In one case of albuminuria, in private practice, in which there was great disorder of the digestive organs, I witnessed temporary benefit from the use of the Oak Orchard acid water, which doubtless acted in the same way.

Some form of iron was used in all the six cases which were treated, either the muriated tincture or the ammonio-citrate, except in one case in which the pure iron was given in combination with quinine and nux vomica, before the patient came under my care. It is probable that some form of mineral water containing iron, may be found serviceable in certain cases of albuminuria, but these should, perhaps, be avoided, if the quantity of urine passed be abnormal; though I am unable to speak respecting this from personal experience.

But I must close. Excuse me, gentlemen, if I have seemed to be too minute in my details of the cases, or have indulged in too much repetition, or have dwelt upon points of which you cannot now see the importance or the practical bearing. The interest in this disease derived from the increased attention which it is receiving from the profession, as well as from its intrinsic importance, must be my apology; and I can assure you that when called upon to take the responsibility of cases yourselves, you will eagerly seek for light both upon its diagnosis and management, which our knowledge of the subject does not now furnish so satisfactorily as could be desired.

WOUNDS AT THE BATTLE OF FORT DONELSON.—Wounds of cranium, 14; scalp, 19; eye, 4; jaw, 4; chin, 2; tongue, 1; ear, 3; mouth, 4; other parts of the face, 10; neck, 8; fractures of the shoulder, 13; arm, 16; wounds of shoulder, 30; arm, 27; elbow, 4; fractures of forearm, 4; wounds of forearm, 4; fractures of hand, 25; wounds of hand, 11; chest, penetrating cavity, 10; not penetrating, 10; back, 5; abdomen, 7; fractures of hip, 7; wounds of hip, 8; fractures of thigh, 9; wounds of thigh, 37; fractures of knee, 2; wounds of knee, 7; fractures of leg, 9; wounds of leg, 27; fractures of foot, 4; wounds of foot, 2; powder burns, 3.—*Dr. Andrews, Chicago Jour.*

THE PROVISION FOR THE WOUNDED.—The experience of the Newbern wounded has had a salutary effect upon the public. There is to be no lack hereafter of ample accommodation for as many as shall be sent homeward during the Summer campaign; and as the probability is that all the wounded who can bear the journey will be removed as early as possible from the hot and malarious atmosphere of the Southern coast, the utmost provision made here by the charitable will be wanted. The State authorities, we understand, have appropriated the Broadway wing of the Park Barracks to hospital uses. The agent of Massachusetts has secured for the reception of the New-England wounded, a large building upon the corner of Broadway and John street. These receptacles will no doubt meet every requirement so far as room is concerned. And what with the beneficent association of the city surgeons, and the appointment by Commissioners by the Eastern States, with funds necessary for the relief of want as well as of suffering, there is assurance that the wounded soldiers of the Union will lack little in their passage through New York save one thing—quietude.—*N. Y. Times.*

Original Communications.

PROTRUSION OF THE EYE-BALL AND CONSEQUENT DIPLOPIA, DEPENDENT UPON AN INTRA-ORBITAL CYST.

By FREEMAN J. BUMSTEAD, M.D.,

SURGEON TO THE NEW YORK EYE INFIRMARY.

FRANCES ELLISON, aged 23, came under my care at the New York Eye Infirmary, March 25, 1859, for protrusion of the left eye-ball. The history of her case, as related by herself, was as follows:

When about three years of age, she one day ran in from her play upon the door-step, with her hand covering her left eye, and complaining of severe pain. Her mother found the eye protruding from its socket, and "put it back again in place." According to the testimony of the elder children playing with her, she had received no injury, but the protrusion had suddenly taken place, without apparent cause.

Notwithstanding the replacement, said to have been effected by the mother, the eye appears to have continued somewhat protuberant, "the more so whenever she caught cold," but did not greatly disfigure her until after an attack of scarlet fever at the age of seven years.

When eight years old, she was placed under the care of the late Dr. William Clay Wallace, the discoverer of the circular fibres of the ciliary muscle. Patient states that, at this time, the protrusion was excessive, so that "nearly the whole globe hung down upon the cheek," and that she was exhibited to a number of surgeons as an extraordinary instance of exophthalmos. The treatment adopted by Dr. Wallace consisted in the introduction of a seton through the cyst, passing through the upper lid. This was worn for ten months, with the effect of causing the globe to recede to such an extent that the protrusion was scarcely perceptible, and this favorable condition had continued until the autumn of 1858, when the eye began to advance again, and pain, felt especially when using the eye, obliged her to relinquish her occupation as a seamstress.

At the time of patient's first visit to the Infirmary (March, 1859), the left eye was found protruding forwards and downwards, and the upper lid was very prominent, imparting to the touch a feeling of obscure fluctuation. Upon raising the upper lid, it was evident, from the discoloration of the ocular conjunctiva and its elevation above the globe, that the protrusion was due to the presence within the orbit of an encysted tumor, which was advancing externally above the eyeball. Vision was unimpaired; but no little annoyance was occasioned by the accompanying diplopia.

The success of the treatment adopted by Dr. Wallace led me to adopt the same means, and I accordingly inserted through the upper lid and cystic walls a seton of four strands of iron wire. About a drachm of dark-colored fluid, containing flakes of greyish, cheesy material, and presenting under the microscope blood corpuscles, granular matter, and cells filled with granules, escaped from the points of puncture. The eye at once receded perceptibly; the bluish discoloration of the conjunctiva disappeared, and in a few days complete relief from the pain was obtained. From the small amount of purulent discharge excited by the seton of iron wire, too little irritation of the cystic walls was thought to be produced, and a silk seton was substituted, which was occasionally encased with the compound iodine ointment, and was worn until June 1st, 1859, when, as it appeared to have accomplished all the good of which it was capable, it was removed. The patient was now free from pain, and the eye, although far from having returned to its normal position, was much less prominent than at her first visit.

Patient has since called upon me from time to time that I might be able to watch the progress of her case. No material change, however, has taken place; the eye remaining in the same condition as upon the withdrawal of the

seton. Vision in affected eye continues good, and no inconvenience is experienced except from diplopia. In June of the present year (1861), I embraced the opportunity of studying the double images, after the usual manner, by placing the patient in a darkened room, with a red-colored glass before the right and sound eye, and noting the changes which took place in the images as a candle was carried from the extreme right to the extreme left, and from the level of the floor upwards as high as the arm could reach. The following Table, which was verified by repeated examinations, will exhibit these changes.

Patient sitting, with red glass over right eye. Distance of candle = 10 ft. Candle moved from extreme right to extreme left, a space = 10 ft. The terms "right" and "left" are used as respects patient. "Distance" refers to apparent distance from patient of the two images.

<i>Left above at arm's length.</i>	<i>Middle above.</i>	<i>Right above.</i>
Lat. sep. = 8 in. Images crossed. Vert. sep. = 20 in. W. above. Distance, no difference. Both flames vertical.	Lat. sep. = 2 in. Images crossed. Vert. sep. = 9 in. W. above. Distance, no difference. Both flames vertical.	Lat. sep. = 2 in. Images crossed. Vert. sep. = 6 in. W. above. Distance, no difference. Red flame vertical, W. points to right, tip of W. being $\frac{1}{2}$ inch further away than its base.
<i>Left horizon.</i>	<i>Middle horizon.</i>	<i>Right horizon.</i>
Lat. sep. = 0. Vert. sep. = 11 in. W. above. Distance, no difference. Both flames vertical.	Lat. sep. = 0. Vert. sep. = 5 in. W. above. R. one inch nearer. Both flames vertical.	Image single, even when candle is carried 8 inches above the horizon.
<i>Left below to floor.</i>	<i>Middle below to floor.</i>	<i>Right below to floor.</i>
Lat. sep. = 8 in. Images synonymous. Vert. sep. = 8 in. W. above. R. is 14 in. nearer the W. flame. Both vertical.	Lat. sep. = 1 in. Images synonymous. Vert. sep. = 1 in. W. above. Red is "a little" nearer than white. Both vertical.	Image single.

In examining this Table, we find,

1. The chief influence of the tumor upon the position of the left eye is to depress its horizontal meridian; this influence being more marked in the upper than in the lower half of the field of vision, and towards the left than towards right of the patient. Thus we find that the vertical separation (the white being the higher) increases from below upwards upon the left of patient, from 3 to 11 and 20 inches; in front of patient, from 1 to 5 and 9 inches; and a similar increase is noticed in proceeding from right to left.

2. The influence of the tumor upon the vertical meridian is null in the horizon. Below to the floor, the vertical meridian of the affected eye is slightly carried inwards, producing convergent strabismus; while above, it is carried outwards, causing divergent strabismus; as shown by the homonymous and crossed images respectively.

3. Again, the influence of the tumor upon the position of the V. M. of the left eye is evinced, as the eyes are directed diagonally upwards and to the right. As shown by Von Graefe, when this motion is executed by healthy eyes, the V. M. are inclined parallelly to the right. In the present instance, this inclination is obstructed in the left eye, the V. M. of which remains straight, or nearly so. The parallelism of the V. M. is therefore destroyed, and the two images upon the retina converge at the top; but, "as in conformity with the laws of normal vision, the image falling in the slanting meridian of the healthy right eye appears straight to the patient, the image of the affected eye necessarily seems to her slanting."* In all other posi-

tions than the one mentioned the V. M. M. remain parallel.

4. But one other phenomenon, the explanation of which is attended with much greater difficulty, remains unnoticed; I refer to the apparent difference in the distances of the two images in certain positions of the candle, viz., to the patient's "left below," "middle below," and "middle horizon;" in all of which the white flame of the protuberant eye is referred to a further point than the red image of the sound eye.

It is well known, that the same phenomenon attends paralysis of the superior oblique muscle, in which the *pseudo* image seems nearer to the patient than that of the healthy eye; and that it has been explained by Von Graefe upon the supposition that the eye, freed from the traction forwards of the superior oblique, is drawn more deeply into the orbit by the unopposed action of the recti. In the present instance, the diseased is in advance of the sound eye, and the image of the former is referred to a more distant point than the image of the latter; but it is evident that the phenomenon in question cannot be satisfactorily explained by the exophthalmos alone, otherwise it would be constant in the whole field of vision, whereas it is limited to the three portions above mentioned.

I fancied at one time that I had discovered the solution of this difficulty in the projection of the two images upon the horizontal plane of the floor, whereby the superior would naturally be referred to a more distant point than the inferior; but, ignoring the fact that this explanation did not suffice for the difference in the distances in the "middle horizon," I found, upon placing the patient in the recumbent posture, so that when looking towards her feet the images would be projected against the wall, that the same difference in their apparent distances existed. I was obliged, therefore, to relinquish this idea, and must confess my inability to furnish a satisfactory solution. One object, however, in publishing this case, has been to add to the known facts upon which, it is hoped, a reliable explanation of the phenomenon in question will, at no distant time, be based.

I have only to add, that the diplopia in this case is entirely overcome, and the two images are united by a prism of 8°, with its base directed upwards and inwards. I have had such a one made for my patient, which she is now wearing with great comfort.

THE LEAVES OF THE RICINUS COMMUNIS, AS A GALACTAGOGUE.

By WILLIAM GILFILLAN, M.D.,

SURGEON TO THE LONG ISLAND COLLEGE HOSPITAL.

In the MEDICAL TIMES, January 11, 1862, I published the report of a case where the leaves of the *Ricinus Communis* had been used successfully as a galactagogue.

Since that time I have used it in three cases, and I shall briefly record them, that others may be induced to try the remedy. By the accumulated experience which I hope will soon be brought to bear on this subject, the powers of this will be definitely settled, and the range of its applicability correctly ascertained.

CASE I.—Mrs. L., a primipara, æt. 22, blonde, quite healthy, was delivered, after a natural labor, December 22, 1861, of a vigorous male child. Her convalescence was rapid, and she was not anæmic. Three weeks after delivery she told me she had not enough nourishment for the baby and was obliged to feed him. Her breasts were fully developed, and there was no ascertainable cause for the deficiency of the lacteal secretion. I waited for two weeks longer, to observe if the milk would increase spontaneously, but it seemed rather to diminish in quantity. On the 30th of January, I directed the patient to take a teaspoonful of the fluid extract of the leaves of *Ricinus communis*, three times a day. After she had taken ten doses she stopped

* Dr. John S. Wells, Ophth. Hosp. Repts., vol. II. p. 140.

the use of the remedy, as the milk was then quite abundant, as much as the baby could draw, and artificial feeding was not required. However, in less than two weeks, the milk began to diminish rapidly, and the baby required to be fed. On being apprised of this I ordered the patient to resume the use of the fluid extract, and continue it for four or five days. The result was the same as before, the milk became quite abundant, and feeding was dispensed with. Up to the present time the supply continues plentiful. The amount used on this last occasion was $\frac{3}{4}$ j. in 3j. doses.

CASE II.—Mrs. M., æt 25, had previously two miscarriages, and was delivered in the latter part of October of a male child. She suffered considerably from hæmorrhoids, want of appetite, and was in rather feeble health. When the baby was three months old she told me that she required to feed him in great part for the last month. The child suffered from colic and occasional diarrhœa, etc., and constant vomiting, but it seemed moderately well nourished. After a short course of tonics she improved in health, and I desired her to take a drachm of the *extract* three times a day. She did so, until $\frac{3}{4}$ j. were taken. She thought the milk had increased a little, but I am doubtful if there was much change, as the child still required to be fed. If there was any increase of milk I attribute it to her improved general health. I intended making a second trial of the remedy in this case, after two or three weeks, but at that time Mrs. M. was attacked with measles (for the second time), which rapidly assumed an adynamic type, and required strong stimulation with brandy and ammonia, to carry her through the crisis. She is now slowly convalescing, and at a future time I may try the *Ricinus communis*.

CASE III.—Mrs. G., æt 31, dark hair and clear complexion, tall, and in robust health, was delivered of her fourth child, a boy, Feb. 6, 1862, after a rapid labor. Previous to her marriage an operation was performed on one breast. Probably, from the description, it was the removal of a fibrous tumor; the nipple and a portion of the gland were left, but the nipple was drawn down by the cicatrix, and the breast was not used in nursing. The remaining breast was immensely developed. With her three previous children the milk became gradually more scanty after the first month of lactation, and at three months ceased. At the fifth week, Mrs. G. noticed the milk decreasing, as it had done each time previously. I ordered her a supply of the extract of the leaves of *Ricinus communis*, and to take a drachm three times a day. After taking six doses of it she stopped, as the milk was very abundant, more than the child could use, and *the distension of her breast very painful*. To this date the milk is quite abundant.

In the four cases in which I have used this remedy, there have been three in which the success was unequivocal, and one failure. From such small data it is often fallacious to generalize; but, apparently, no drug in the pharmacopœia acts with more certainty in properly selected cases.

This medicine would seem to be a *direct mammary stimulant*. It is indicated in all cases where such a stimulus alone is wanted for the proper secretion of milk; that is to say, where the absence or deficiency of milk depends upon a want of activity in the discerning process. We often find, where the secretion of milk is deficient, that the "*mons erigendi*" lies, not in the incapacity of the mammary glands to secrete, but in the weakened state of the general system, and the impoverished condition of the blood, which contains no pabulum for the secretion of milk. In such a case, a direct mammary stimulant can be of no use. It is like drawing a check on a banker when there are no assets in the bank. Case II. is an illustration of this point. I used the remedy in that case, scarcely believing that it would have much effect. The result did not disappoint me. But when the subject is in good health and the deficiency of milk is dependent on no pathological state, this remedy is indicated, and I believe it will then rarely fail. So much for the remedy as a physiological stimulant; but I believe it may be tried usefully as a therapeutic agent. We find, occasionally, that although the mother's milk is abundant

in quantity, it lacks some of the proper elements of nutrition, as evinced by the child wasting away; but if a wet-nurse be employed, or the child fed, it begins to grow. In such a case, before resorting to these last means, I would suggest the use of the fluid extract. A remedy which exercises such a power over the quantity of a secretion, must have some effect on the *quality*, and it is at least plausible, that the cases above indicated may be benefited by it. When I have used the remedy I have perceived no effect on the nervous, circulatory, or digestive organs. Its taste is not unpleasant. Where successful, its effects have been manifest in three days or less, but its trial might be prolonged if unsuccessful.

In the case which I reported in January, I used a poultice of the leaves, besides the internal exhibition of the remedy. In the three cases now reported the poultice was dispensed with, and the results were equally favorable. A poultice is unclean and inconvenient, and I believe the internal use of the medicine will accomplish everything. Yet I do not deny the efficacy of the poultice; I believe it would succeed alone in some cases.

The fluid extract was prepared and supplied by Mr. Cushman's successor, 941 Broadway, in all the cases. From him I learn that some physicians have tried it, but I have not been able to ascertain with what result. By publishing the results of their experience, whether successful or unsuccessful, physicians will contribute to settle the merits of the drug.

183 CLINTON ST., BROOKLYN, April 7, 1862.

ON THE IMPROVEMENT OF THE CONDITION OF THE INSANE.

By JOHN B. CHAPIN, M.D.,

BRIGHAM HALL, CANANDAIGUA, N. Y.

HAVING given a brief sketch of the lunacy history of the State in a previous number, the inquiry which suggests itself next is, What is the present number of insane persons in the State, and the provision for their treatment and care?

The insane may be divided among four classes:—The independent, the indigent, the pauper, and criminal; a distinction based wholly upon the social condition of the individual after attack. All conjectures as to the number belonging to each class must be vague and unsatisfactory, from the manner in which census returns are made. We must, however, take them as they are. According to the last State census (1855) the total number of insane was 2742. According to the report of the Secretary of State for 1860, there were in the county poor-houses and asylums alone, 2042 insane paupers. At the same date there were 517 patients in the State Asylum at Utica, 155 in Bloomingdale Asylum, and at least 100 in Brigham Hall, Canandaigua, and in Sanford Hall, Flushing, making a total of 2814 in the several asylums and poor-houses in the State. This statement does not include the insane of the independent class, not in asylums, but cared for in private families, or the insane criminals in the asylum at Auburn. These cannot fall below 1000 in number, and may reach 1500. The total number, therefore, may be stated in round numbers to be 4000.

In disposing of insane persons the law considers three classes:—The indigent, the pauper, and the criminal. The law considers a person attacked with insanity within one year prior to application for relief, and not possessed of property sufficient to support him in an asylum, in indigent circumstances. To preserve the limited means he may be possessed of the County Judge is directed to issue an order for his admission and support in the State Asylum, at the expense of the county, for two years, if he should be so long insane. At the expiration of this period, if he should not recover, discretionary power rests with the managers to return him to the county whence he was sent. If a person not possessed of any property is attacked with

insanity, the law considers him a pauper, and the Superintendent of the Poor is directed to provide for him. He may send him to the State Lunatic Asylum, or to some other receptacle approved by resolution of the board of supervisors. Insane persons of the criminal class are sent to the State Asylum, or, if insane convicts, to the asylum at Auburn, where they are detained until discharged by due process of law, which can only take place when recovery has ensued.

In examining the several provisions of the law it will be observed that of the three classes the criminal is more liberally and humanely provided for; that between the pauper and indigent a discrimination, based solely upon possession of property, is made to operate against the former; that, in case the lunatic's claims come before the County Judge, he has only to examine into the fact of insanity, and the indigence of the individual, and if satisfied these conditions exist he has no discretionary power, but is directed to send the case to the asylum; that in the case of the pauper the Superintendent of the Poor may send him to the lunatic asylum, or to a receptacle approved by the Supervisor, that is, the county poor-house. As the law does not define very clearly what possessions constitute indigence, it follows that the practice in different counties is not uniform. An indigent person in one county may be considered a pauper in another, hence irregularities ensue.

County Judges and Superintendents of the Poor are elective, and chosen to perform functions entirely dissimilar. They are persons whose training, education, and powers of discrimination are, usually, widely different. The one dispenses and administers law, while the other is engaged in a variety of administrative duties which pertain to the economical care of the county poor. While these circumstances inspire the judicial officer to a more independent and appreciative discharge of his duties, the poor-officer is influenced rather by pecuniary considerations. He gradually and naturally comes to favor a system attended with the least present outlay, and so disposes of his insane as to show to his constituents a moderate expenditure for their support, regardless of the solemn obligations which a discretionary power or the nature of the disease impose upon him. Thus the law permits the sordid views of a public officer to control individual interests of vital moment to their serious detriment. In other cases the Superintendent of Poor is influenced by motives, not, however, the outgrowth of his humanity. It may fall to his lot to dispose of a noisy and turbulent patient, who would disturb the quiet of the county-house, or a filthy patient, who would require more than usual care to render tolerable. These cases he unhesitatingly sends to the asylum, while other cases, which are quiet, or can assist themselves, are sent to the county-house. Again, in some instances the individual is possessed of some property, and will in all probability be sent to the asylum until his limited means are exhausted, when he will be promptly removed. All cases chargeable to the Commissioners of Emigration are invariably sent to the asylum. Thus we see a variety of circumstances attaching to a case governing the disposition of it, and not the nature of the disease; how abuses multiply and become sanctioned by precedents, where the interests of the insane poor are intrusted to persons who are commonly unfitted, by education or sympathies, to exercise properly such an important trust. It must not be understood there are no honorable exceptions. We know the contrary.

No provision for the insane of the independent class is made other than we have heretofore mentioned. Such hospital accommodation as does exist has never been ample, and great numbers of citizens of this State have been compelled to resort to other States. For some unaccountable reason the presumption is entertained that private enterprise and individual efforts would provide the desired accommodations. It is doubtful whether these expectations are realized; also to what extent they should be encouraged.

Of the insane in the State but a small portion are in a hospital at a given time. The majority are in the county-houses, or at their homes. The hospitals are subject to visitation and inspection, and their officers act under certain rules for their government, all of which was intended to subserve the highest interests of the patients. On the other hand, the insane in our poor-houses, and elsewhere, are not subject to intelligent care and inspection, and there is no law, that we are aware of, that makes it the duty of a single human being to publish the abuses, or correct the wretched system under which they are compelled to exist.

The majority of the insane in the State are confined in the several poor-houses with the sanction of law, and the approval of the Boards of Supervisors. Their adaptation to this purpose deserves a brief inquiry. They are usually respectable farm-houses in size and appearance, and are intended to receive, under one organization and without classification, paupers of all classes and conditions. The intemperate, vicious and virtuous, indigent and destitute, mutes, blind, insane, imbeciles, infants and orphan children, are huddled together, and presumed to be cared for under the same roof. It is obvious that in the attempt to care for all not one class is properly provided for. Of the condition of the county houses we might speak from limited personal observation. Fortunately for our purpose, we may use the language of a committee, in a report to the Senate, made January 9, 1857. As general receptacles the committee use the following language concerning the alms-houses:—

"They exhibit such a record of filth, nakedness, licentiousness, general bad morals, disregard of religion and the most common religious observances, as well as the most ordinary comforts of life, as, if published in detail, would disgrace the State and shock humanity."

Of the treatment of the insane they say it is "frequently abusive. The cells and sheds where they are confined are wretched abodes, often wholly unprovided with bedding. In most cases female lunatics had none but male attendants. Instances were testified to of the whipping of male and female idiots and lunatics, and of confining the latter in loathsome cells, and binding them with chains. In one county, where eleven lunatics were confined, six were in chains; some of them females. * * * In some poor-houses the committee found lunatics, both male and female, in cells, in a state of nudity. The cells were intolerably offensive, littered with the long-accumulated filth of the occupants, and with straw reduced to chaff by long use as bedding, portions of which, mingled with filth, adhered to the persons of the inmates, and formed the only covering they had."

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THERE is a *Universal Society of Ophthalmology*. Each year it changes its seat of action from one to another of the great scientific centres of Europe. Eleven such centres of action have already been chosen; viz. Berlin, Brussels, Leipzig, London, Munich, Paris, Prague, Turin, Utrecht, Vienna, Zurich. Each centre has its Committee. The London Committee is composed of Messrs. Bowman, Critchett, Streetfield, and White Cooper. This year the meeting takes place in Paris, between September 30th and October 3d.—*Brit. Med. Jour.*

DR. W. H. CHURCH, of this city, Medical Director of Gen. Burnside's army corps, successfully ligated the external iliac artery after the battle of Roanoke Island. We learn also that the surgeon of a New York regiment ligated the common iliac artery after the affair of the Merrimac at Fort Monroe.

QUEKETT MEDAL.—The council of the Microscopical Society of London have resolved to raise a fund the interest of which shall be devoted to the purchase of a medal called the "Quekett Medal." It shall be given annually to that member who, in the opinion of the council, has best promoted the interests of microscopical service.

Reports of Hospitals.

BELLEVUE HOSPITAL. COMPRESSION AND LACERATION OF BRAIN.

ILLUSTRATED WITH CASES.

(Continued from page 207.)

SERVICE OF DR. WILLARD PARKER.

CASE IV.—Fracture of the Skull; Extravasation of Blood over the opposite Hemisphere of the Brain; Convulsions; Death on the 13th day. (Reported by B. A. SEGUR, M. D., House Surgeon.)—Margaret Martin, æt. 30, widow, intemperate, and the mother of two children. Four days before admission to the hospital patient fell into a sub-cellar, and received contusions on the head and elsewhere. The injury was followed by loss of speech, and vomiting, but no impairment of intelligence. She was able to sit up and walk about until the fourth day, when convulsions set in. On admission she was stupid; was unable to protrude the tongue, or to make any other voluntary movements; there was paralysis; a frequent quick and weak pulse; extremities cold; she then had convulsions for several hours, which did not again make their appearance until the sixth day. The paroxysms were frequent, and were characterized by tonic contraction of the muscles, rolling of the eyes upwards and to the right, thumbs drawn in to the palm, and expiration scarcely performed, inspiration catching. During the intervals of sense and general convulsion there was constant twitching of muscles, especially of the face. The pupils were natural in size, and answered to light, the left being a little sluggish. The bronchial tube became impeded with mucous exudation, and at length patient was quite insensible.

On the seventh day she passed from an insensible state to delirium, walking about the ward, and impatient of interference or control. On the day following she again had frequent paroxysms of general convulsions, mild in character, perfect quiet intervening. Dr. Willard Parker, visiting surgeon, trephined the skull at the point of tumor; this was found to consist of extravasated blood; the denuded skull bled. The operation did not discover any cause for the symptoms. A few hours after new symptoms appeared; patient became hemiplegic on right side; decided increase of intelligence; the convulsions were no longer general, but confined to the right, the paralysed side; pulse 96, small, and compressible; respiration 30. Death took place on the thirteenth day. While under observation the bowels and kidneys were active, and the passages were not apparently observed by patient. Pulse increased in frequency, reaching 140, failing in force at the same time; respiration daily became more hurried, the last three days being from 36 to 48 per minute; at no time were the pupils contracted, insensible, or markedly unequal; no coma, but rather increase of intelligence, as manifested by readiness in taking nourishment.

The face on the tenth day became drawn to the left side. Marked increase of temperature was noted on the paralysed side. The manner of death indicated exhaustion of innervation, marked by laxness of the skin, moisture, decrease of temperature, pulse sinking away, respiration a mere thoracic motion, and complete insensibility.

Autopsy.—Extravasation of blood and ecchymosis in scalp, on right side. Fracture of the skull extending from a point on the right, and posterior to the vertex, downwards behind mastoid process, nearly or quite to foramen magnum. The dura mater over left hemisphere was lifted up, dark and opaque. Between it and the brain extravasated blood to the depth of half an inch, black, and semi-fluid. In the lower portion of middle lobe a small clot projected into the brain substance, and was bounded by red softening. Thoracic and abdominal viscera congested; otherwise in appearance healthy.

SERVICE OF DR. ALONZO CLARK.

CASE V.—Apoplexy; Complete Paralysis of Right Side. Death; Autopsy. (Reported by A. N. BROCKWAY, M.D., Senior Assistant Physician.)—Charles A., brought to the hospital by a policeman, Nov. 9th, 1861. The officer stated that he found him in an insensible condition upon the sidewalk, and was informed that while patient was walking along the street he was seen suddenly to fall. He was apparently about 50 years of age. No previous history could be obtained. When admitted he was insensible; pulse 88, full, and the respiration slow, but not stertorous; pupils dilated, and not sensible to light; extremities cold. There was complete paralysis of motion on the right side. When the integument on that side was pinched, convulsive movements took place, probably from reflex action; pill of colocynth and croton oil was administered, and the bladder relieved by the catheter of three oz. of highly colored urine, not albuminous; sp. gr. 1008. The cathartic produced copious evacuations. At six p.m. the condition of the patient was slightly improved. When spoken to loudly would open his eyes, and give signs of animation. Being told to protrude the tongue would open his mouth and make ineffectual efforts to do so. Tongue inclined to the right side. Took six oz. of blood by cups from the back of the neck. Nov. 11th.—Both urine and feces passed involuntarily in bed. Can swallow fluids readily, but solids produce a choking sensation. Nov. 14th.—Condition much the same. There being a tendency to bedsores patient was to-day removed to another bed. Nov. 17th.—Pulse 98, weak; ordered beef-tea and eggs. He seems to recognise those about him, and tries to talk, but is not intelligible. Nov. 20th.—Is failing; pulse scarcely appreciable at the wrist, and the capillary circulation everywhere is languid; paralysis of right side complete; urine and feces passed involuntarily. For one or two nights past has been restless, making a noise, and disturbing those about him. Takes of stimulants six oz. per diem. Nov. 23d.—Is sinking gradually; pulse not appreciable at the wrist; stimulant continued. Patient died quietly at about noon to-day.

Autopsy. Fifty hours after death.—The dura mater was seen to be somewhat congested, and after removing this membrane the arachnoid was found much distended with serous fluid, with here and there patches of lymph, giving evidence of recent inflammation. By dividing the brain laterally the left lateral ventricle was found distended with coagulated blood to such an extent that a portion had passed through the foramen of Munroe, and filled the anterior cornu of the right ventricle. Anteriorly the extravasated blood had ruptured the left ventricle, and penetrated for about an inch into the substance of the brain. There was an ounce or more of bloody serum in the posterior cornu of the right ventricle. All about the coagulum there was evidence of red softening. The ruptured vessel was in the corpus striatum of the left side. Dr. Clark considered the apoplexy primary, followed by cerebritis or red softening, and this in turn producing arachnitis with effusion.

DRS. HENRY M. LYMAN, Benjamin A. Segur, S. W. Bowles, Charles H. Suydam, Sylvester E. Strong, and R. Halstead Ward, left this city several days since, under orders to report to the Medical Director at Nashville, Tenn., where they are to do hospital duty.

THE observance of the Sabbath is a duty to which medical men are bound, so far as is compatible with the urgencies of the cases under their charge. Visits may often be made with sufficient convenience and benefit either before the hours of going to church, or during the intervals of public worship. And in many chronic ailments, the sick, together with their attendants, are qualified to participate in the social offices of religion, and should not be induced to forego this important privilege by the expectation of a call from their physician or surgeon.—*Prof. Baker's Valedictory.*

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

STATED MEETING, March 12, 1902.

(Continued from page 209.)

MAMMARY TUMORS.

DR. KRACKOWIZER presented a tumor, removed a few days before from the substance of the breast of a young female twenty-six years of age. She had noticed the commencement of the growth about three years ago. It, however, gave no pain, and remained stationary until within the last few months, when it commenced to grow quite rapidly. The tumor was situated in the substance of the gland, was quite movable, felt pretty solid, and was thought to be sarcomatous in character. After its removal it was found constituted of lobulated texture; the single lobules being very firmly united by some streaks of adhesive fibrous tissue, with orifices scattered throughout. Under the microscope it presented the true glandular structure, and belonged to the variety styled, by Paget, mammary tumors.

ANEURISM OF SUBCLAVIAN ARTERY.

DR. KRACKOWIZER next presented a specimen of rupture of an aneurism of the subclavian artery, and gave the history as follows:—The patient, from whom this specimen was taken, was a man forty years of age, originally of a very robust constitution. He had a fine voice, and being attached to one of the popular glee clubs was very frequently out late at night, and indulged somewhat in the use of strong beverages. Some years ago he attached himself to a musical band and performed on the trombone. The habit of drinking indulged in previously became now a professional necessity, although he could not strictly be said to have led an intemperate life. A few years ago he contracted syphilis, but the want of a proper restraint upon himself rendered treatment for the affection almost useless. I was informed that after this attack he would be subject to occasional attacks of eruption, when he would resort to medical treatment until such time as he began to improve, when he would again neglect himself. Notwithstanding all this his constitution kept up very well until two years ago, when he noticed that after the usual excesses he felt very languid and sick for a few days following; he also was, at times, troubled with a cough. He still pursued his vocation until ten months ago, when in the act of moving, one very cold day, he was taken with hoarseness, which amounted almost to aphonia. He never regained his voice from that time. He applied to several physicians, who considered the disease to be laryngitis. The usual remedies were administered internally and externally, but without any manifest improvement. During all this time he continued to perform on his wind instrument without any difficulty. About the last of October his band marched with a regiment to Washington, and since that time he had been in camp doing his duty as a musician up to eight or ten days before he died. About that time he noticed a little swelling in the subclavian region, which had commenced without any unusual sensation; this he showed to the surgeon of the regiment, who pronounced it a simple glandular swelling. But the tumor still continued to increase in size, and the surgeon, examining it a second time, pronounced it aneurism, and urged him to go home in order that an operation might be performed for his relief. Several days were lost in getting through the formalities which are deemed necessary to grant a furlough; meanwhile the swelling so much increased that considerable difficulty of swallowing was occasioned. On the 25th of February he took the night train for New York. He felt very sick indeed, and was two or three times attacked with suffocation in the cars. He arrived on the morning of February 26th; whether he went

towards home in an omnibus or not is not known, but near his house he was recognised by some friends, who were shocked by his condition, and his great dyspnoea. With their assistance, however, he was able to walk up to the fifth floor of a tenement house. When he arrived in the room and took a chair, he was seized with a frightful attack of suffocation. A physician was sent for, who, on looking at the tumor, let me know immediately of the man's condition, in the hope that something might be done by an operation. After the news reached me I started at once for the place, and arrived there about four o'clock the same afternoon.

I found the patient sitting in a high-backed chair. The eyeballs protruded somewhat, and the right pupil was contracted, while the left was somewhat dilated. The face was of a dusky hue, and bathed with perspiration. The breathing was loud and difficult, while the neck was disfigured by an immense tumor, which commenced immediately under the chin and extended down to the clavicles, the lateral limits being each trapezius muscle. The tumor was of such a size that at its highest point it was about two inches above the level of the chin. The larynx and trachea could neither be felt nor seen. The skin was extended to its utmost degree, so that there was not the slightest possibility of raising the smallest fold. On the right side the skin had somewhat of a doughy feel; and there were two or three ecchymotic spots upon the surface. Pulsation could easily be detected by the eye almost all over the tumor, at least its right or most prominent portion. Applying the stethoscope in that situation a loud bellows murmur was detected, but no aneurismal thrill. The right side of the tumor somewhat overlapped the clavicle of that side. The respiration was 24 per minute, very labored, and there was no pause between inspiration and expiration. With every inspiration there was a deep hollow formed on each side under the false ribs. The sound of percussion was normal everywhere, and a harsh vesicular murmur was heard all over the chest. The situation of the heart was normal, the apex being felt underneath the fifth rib. The dullness over the precordial region was normal in extent, and the rhythm of the heart was perfect. The pulse in the left wrist was not accelerated, but rather somewhat retarded, while the right radial pulse was silent. The gentleman who had seen the case previously said that at that time there was a very feeble pulse on the right side. So it seems that the cause of pressure of the subclavian was then still going on. These were the prominent symptoms. I was just through with my examination, and had barely opened the window, and sent for ice, when the patient seemed to breathe with more difficulty. He looked somewhat bewildered, and attempting to rise he was forced gently back into the chair again. His face became dark blue, his eyes protruded, and the perspiration streamed profusely down the face. I thought he would certainly die asphyxiated. Meantime the ice arrived, and by rubbing the temples and neck with it this attack passed over to give way to dyspnoea of a more severe character. His consciousness seemed to have been lost. The muscles were so relaxed that the trunk could not be maintained erect without assistance. The action of the heart, however, soon became vigorous again; but the pupils, between which there existed such a disparity before the attack, now became of equal size. I sat by the patient's side for two hours, when a medical friend volunteered to watch longer. The statement of this gentleman was, that he remained in that condition up to twelve o'clock that night, when he began to move his hands. This was the first sign of returning muscular action. He was offered water, which he refused (by words), being afraid that suffocation would be induced if he partook of any. He arose himself about this time, and with support walked through a large room and sat down on his bed. He was propped up in a recumbent position, when shortly after he began to talk incoherently of matters connected with military life, and quietly died.

The post-mortem examination was made thirteen hours after death. The swelling of the neck subsided sufficiently to fall back under the chin. The rigor mortis was marked. The sternal extremity of the clavicle of the right side was unusually prominent, in consequence of the sterno-clavicular ligament being much relaxed. After the thorax was open the upper lobe of the right lung, and the whole of the left lung, were bound down by pretty firm adhesions. There was also a small deposit of tuberculous matter in the upper lobe of each of these organs. The pericardium contained the normal quantity of serum. The skin of the neck was very firmly adherent to the superficial fascia underneath, and was infiltrated partly with extravasated blood, and partly with bloody serum. The right sterno-cleido-mastoid muscle was pushed outwards and backwards, while the same muscle of the left side was more nearly in situ. The space between them and the chin was occupied by a large dark-colored tumor. After the superficial fascia and muscles arising from the sternum had been cut away, a large fresh-looking coagulum was exposed running up in the direction of the large vessels as far as the level of the hyoid bone. This cavity was filled with liquid blood. The posterior aspect of the sternal extremity of the right clavicle was bared of its periosteum, but the articulation was not open although the capsular ligament was very much relaxed. The clavicle and part of the first rib were cut through, and the whole mass here presented, including the heart, large vessels, etc., was brought home for more careful examination. The coagulum found underneath the superficial muscles of the neck seemed to permeate all the structures between the superficial and deep layer of the fascia colli, and its limits above on the right side are the right side of the epiglottis, and the right side of the pharynx. The innominate seems to be about the normal size, although its coats are somewhat thickened and irregularly hard from patches of atheroma imbedded in their substance. The same degeneration is observable in the common carotid, which, however, shows no signs of dilatation; but immediately above the origin of the common carotid, where the origin of the subclavian ought to be, it dilates into a sac the size of a hen's egg, with rather thin walls, from the posterior part of which the subclavian takes its ulterior course. The sac occupies a very short space upon the artery, equal only to about three-quarters of an inch. The par vagum is bound down by very firm adhesions to the sac of the aneurism; so also is the recurrent laryngeal. The left carotid and left subclavian seem to be normal; the aorta feels as do the generality of vessels where the process of atheromatous degeneration has taken place. On putting the finger into the aneurismal sac from behind it enters the cavity in front, but I am not able to detect the situation of the rent. It looks as if, after the rent had taken place, the edges had become everted and deposits of blood had taken place so as to obliterate it.

There is one point in this case which is of great interest, viz. the condition of the pupils before and after the attack which threatened asphyxia. On the one side where the greatest pressure was exercised by the blood in both a liquid and coagulated form, the pupil was contracted, which shows that the cervical portion of the sympathetic nerve was sufficiently pressed upon to paralyze it, and thus increase its influence upon the constrictor of the pupil. Ogle has collected about nineteen or twenty cases where he has shown that if the pressure upon the sympathetic through its cervical division is enough to obliterate its function, then the pupil will be contracted, but when the pressure is sufficient to irritate the nerve then the pupil becomes dilated. In this case, after the threatened attack of asphyxia had passed off, the action of the heart became weaker, the pressure of the coagulum was less, and the pupils were consequently normal in size. At the time the autopsy was made, oedema glottidis existed to that extent as almost to close the entrance to the trachea.

DR. CLARK supposed that the true explanation of the case, as would be given by Dr. Krackowizer, was, that there had

existed an aneurism of the ordinary sort for some months, and that on the patient's journey home from Washington a rupture had taken place, and that the tissues outside the artery held the blood in check during the time he was under observation in this city.

Progress of Medical Science.

PREPARED BY DR. P. F. C. DESLANDES.

ON VACCINATION OF INFANTS.

(Continued from page 194.)

DR. LAFORGUE, surgeon in chief of the *Maternité* of Toulouse, in a very interesting communication entitled *Note sur les vaccinations prématurées*, published in the *Union Médicale* of the 21st of September, 1861, expresses himself thus on early vaccination: "When I was appointed surgeon to the *Maternité* and the *Crèche*, of the Hotel Dieu, where it is customary to vaccinate children a few days after birth, I could not help expressing my astonishment and my fears at such practice. It was my principle not to advise vaccination, except during the second or third month after birth, and I did not think proper to inoculate vaccine during the first months of life. Indeed, I considered this period of the new-born's existence as a period of transition, during which the child undergoes the organic transformations proper to extra-uterine life, and I thought it necessary to wait till the organization was complete before inoculating a morbid principle whose action, unknown in its essence, is very manifest in its effects. The persons attached to the *Maternité* and the *Crèche* for several years, assured me that experience had shown the innocuity of vaccination practised immediately after birth. It was not long before I recognised my *a priori* fears were not founded. After some little hesitation circumstances forced me to adopt the precaution of the house. Variola having made its appearance in the wards next to the *Maternité* and the *Crèche*, it became my duty to vaccinate all the children without distinction of age. This general vaccination gave rise to one serious accident. From that time vaccination is practised on all the new-born children to insure them the benefit of the vaccine when they leave the *Crèche* to be intrusted to persons who, for the most part, live in the Pyrenees, where variola is sometimes epidemic. The objections I had to early vaccination disappeared before the numerous cases of innocuity of that operation when practised in healthy children—sheltered from the morbid influences which too often prevail in *Maternités* and *Crèches*. Therefore, when I was appointed to experiment with the cow-pox, I took advantage of the favorable conditions in which these establishments were, to try it on healthy children, and on those born in the intervals between the sittings for vaccination.

I give the results of these vaccinations in a short summary of the report presented to the committee by whom I had been appointed. On the 4th of May, 1860, I repaired, at 4 o'clock P.M., to the Veterinary School, at the invitation of Mr. Lafosse, to inoculate to a child of the *crèche* the cowpox produced in a cow by the inoculation of the grease from a mare. In the presence of Professors Lafosse and Serres, of Drs. Cayrel and Omen, and of the students of the clinic, I inoculated, by eight punctures with a new lancet, the virus taken from two pustules developed on the left teats of the cow, to the arm of the child Rieux, born March 9th, 1860, and consequently fifty-nine days old. During the same sitting, Dr. Cayrel inoculated with some virus taken from the same cow, two older children. After this vaccination two pustules appeared on the left arm of the child Rieux, and one on the right. The development and character of these three pustules were those of the vaccinal pustules. The members of the committee who examined them, ascertained that they were identified by their form, their color, and their structure, with the pustules pro-

duced by good vaccine. On the 12th of May, the eighth day, I vaccinated four children with the virus of these pustules. Every eighth day I practised new vaccinations, and I continued to do so until the 30th of June, 1860. At this period *Muguet* having made its appearance in the crèche, I suspended the vaccination, as we are obliged to do every year, during the great heat of summer, on account of the grave diseases which affect new-born children. From the 12th to the 30th of June, forty-five children were vaccinated during the first days of life: two children were one day old; four, two days; two, three days; five, four days; two, five days; five, from six to twelve days; three, thirteen days; three, fourteen days; one, fifteen days; one, sixteen days. Six punctures, three on each arm, were made to all these children. All had six beautiful characteristic pustules. Of forty-five children vaccinated, two only were affected with erysipelatos inflammation of the skin. These were a little girl named Cansel, thirty-five days old, and a boy named Oltier, fourteen days old. In the first the erysipelatos inflammation, with swelling of the arms, appeared during the inflammatory period of the pustules. This eruption disappeared at the time of desiccation, and the child, apart from a little fever, experienced no change of health. In the second the swelling was accompanied by an erysipelatos redness, which spread over the whole body. Notwithstanding the intensity of this eruption, and of the fever which followed it, this affection ended in recovery. On the 7th of July, forty days after vaccination, this child had perfectly recovered, and could be placed out to nurse. The other forty-three children presented no other phenomena than those which usually accompany vaccination.

To sum up: the cowpox taken from the first cow of the Veterinary School, and inoculated to a child nearly two months old, produced three vaccinal pustules presenting all the pathognomic characteristics of good vaccine. These pustules furnished vaccine for the eight sittings of vaccination which took place every eighth day, and during which forty-five new-born children were vaccinated from arm to arm; of these twenty-eight were from one to sixteen days old, and seventeen from one to nine months. These vaccinations all succeeded, and gave as fine pustules as those of the old vaccine. Of the forty-five children vaccinated, two were attacked with erysipelatos inflammation of the arm, which, in one child fourteen days old, spread all over the body. These two children have recovered, notwithstanding the bad conditions of salubrity in which they were placed, *muguet* having made its appearance in the crèche. Two vaccinated children were attacked and recovered. This affection was benign. The results furnished by the vaccination with the cow-pox are similar to those obtained by the vaccination of the preceding year, and of this year. The new-born children have supported perfectly well the vaccinal eruption, and none have died from the consequences of inoculation.

The innocuity of vaccination practised during the first days of the life of children is then a well established fact. On the maternity of Toulouse, we have even observed that generally, the inflammatory reaction, produced by the vaccinal pustules, was not so strong in children of that age as in older ones. Whilst new-born children from two to eight days hardly feel the eruption, we see erysipelas and vaccinal fevers break out in children several months old. It is so true that the evolution of vaccine is slower and less intense in children just born, that some persons, witnesses of these phenomena, have doubted the preventive value of premature vaccination. However, these phenomena have nothing to surprise physicians who know how little reaction accompanies operations performed on children a few days after birth. Circumcision, the operation for hare-lip, the removal of supernumerary fingers, react proportionally less in the economy as they are performed at a period nearer birth. I have twice removed supernumerary fingers the day after birth, and these operations have healed by first intention without producing any disturbance in the organism. Undoubtedly these operations are not to be

compared to vaccination, which, besides the effect of the local inoculation, acts in a general way on the constitution; but they show of how little inflammatory reaction the skin of new-born children is susceptible, and explain the relative innocuity of the vaccine inoculated the first days after birth.

Dr. Cayrel, conservateur of the vaccine for the Department of the Haute-Garonne, whose long experience has a great weight in all questions relating to vaccine, has ascertained that the intensity of vaccinal reaction was in proportion with the age and development of the children. Null or very feeble in the new-born, it is sometimes very great in older ones. But because premature vaccinations are not dangerous, it does not follow that these operations are always inoffensive. The accidents and the deaths observed by M. Barthez, during or a few days after the evolution of the vaccine, may be the consequence of the want of hygienic care or of morbid complications so frequent and so grave in new-born children.

The vaccinated child, whatever be his age, must have attention and care that shelter him from morbid complications which threaten him during the evolution of the vaccine. These precautions are not taken by persons leaving the *maternités*, after the vaccination of their new-born children, and then it is not surprising if these children are seized with grave symptoms a few days after their departure from the establishment. We must then take into good account, in the appreciation of facts relating to the result of vaccination, the hygienic and social conditions in which are placed the children under observation.

To sum up, I think myself justified in concluding, 1st, that vaccination practised on children during the first days which follow their birth is not dangerous; 2d, that the accidents observed after vaccination are exceptional, or due to causes foreign to vaccination. But it does not follow from these conclusions that children ought to be vaccinated during the first days which follow their birth. In my opinion premature vaccination must be considered as a necessary operation in the *maternités* and the *crèches*, and in children placed in peculiar conditions of variola infection.

In ordinary practice, and outside of these conditions, the age of three months seems to me the most favorable period for vaccination.

M. CHALVERT, writing of the insalubrity of French hospitals, says, *inter alia*: "The charpie and different materials used in dressing wounds, etc., are kept too long in the wards. They absorb gaseous emanations. By an unfortunate coincidence, also, the supply of charpie is generally kept by the side of the *lieux d'aisances* (we cannot say water-closets). I have seen," he writes, "the same box containing charpie for a month's consumption actually kept in the very *lieux* where all foetid and morbid and faecal matters from the ward were deposited. Moreover, the apparatus, etc., which have been used in dressing, and soaked in pus, etc., are often left all the morning in the wards. Compresses, pads, etc., are all massed together, and become a focus of foetid emanations. The washing often of the linen used in poultices, etc., is very defective. Splints, again, are not cleaned and washed, and often give out a putrid odor in the room where they are kept."—*Brit. Med. Jour.*

DR. HERRMANN, who has had great experience in the treatment of syphilis, has peculiar ideas concerning the nature and treatment of the disease. "Syphilis," he tells us in the *Wien. Medicin. Wochenschr.*, "is a local disease. It is accurately limited to forms which stand in immediate organic connexion with the original disease, and have a local character." He knows of no such thing as a general syphilitic poisoning of the blood, and affirms that all the forms which have been hitherto traced to a syphilitic crasis of the blood, and considered as constitutional, do not belong to syphilis, but are distinctly to be traced to chronic mercurialization—to the admixture of mercury with the food.—*Brit. Med. Jour.*

American Medical Times.

SATURDAY, APRIL 19, 1862.

CONTROL OF SMALL-POX.

THE accumulated evidence that small-pox is a preventable, and even eradicable disease, presents a series of facts from which conclusions are deducible, as undeniable as mathematical demonstrations. There is no subject in medicine which experiment has more satisfactorily settled. It is of the highest importance that the medical profession should accept these facts in the most unqualified manner, and impress them upon the community; for the ultimate aim of these conclusions is the protection of the people by the thorough and persistent application of the remedy.

The several questions growing out of a discussion of this subject have recently been presented in a forcible light,* and we propose to call the attention of the profession briefly to them. The first of these queries is:—Does vaccination afford positive protection to those exposed to the variolous contagion?

In some continental countries vaccination has long been compulsory, and the statistics which they present prove the power of vaccination to prevent small-pox. For example:—"In Holstein, from 1801 to 1822, 234,959 were subjected to vaccination, and only two individuals, even two years subsequent to this, had during all that time been affected with small-pox. In the kingdom of Denmark, during the same period, only one individual among 447,605 vaccinated had been attacked by modified variola." Within a few years great efforts have been made by the British Government to settle this question for the purposes of legislation. A large collection of facts was made, which are conclusive upon this point. To prove the unanimity of opinion on this question among English and Continental physicians, it is sufficient to state that of five hundred medical men to whom the following question was addressed by Mr. SIMON, Medical Officer to the General Board of Health in London, all but two answered negatively:—Have you any doubt that successful vaccination confers on persons subject to its influence, a very large exemption from attacks of small-pox, and almost absolute security against death by that disease?

Very pertinent to this inquiry are the facts furnished by Dr. WHITLESKY, Resident Physician to the Nursery Hospital Randall's Island, New York, to Dr. SAYRE, Resident Physician, of New York. The latter says, in his recent memorial to the Commissioners of Health:

"During the years of 1854–55–56, there were admitted 3,566 children, and yet no case of Small-pox occurred during this period, except four cases that were brought there suffering from the disease at the time of admission, and it never spread to the other inmates in a single instance. During these three years the Doctor attended personally to the vaccination of every child on admission, but in the subsequent five years he states that it was done by subordinates, and in many instances overlooked entirely, and the result is clearly seen in the tables below, which show that 44 cases of Small-pox had occurred out of 6,867 children

admitted during these five years. But in the Refuge Hospital, which he retained under his own personal supervision, and in which he has persistently continued the plan of vaccination on admission, he has *entirely exterminated the disease for the last seven years.**

There have been admitted to the Refuge Hospital since 1855, 2,440 children, and all deemed unprotected have been vaccinated on their arrival. Dr. W. makes the following statement in regard to this Institution:—

"During this period of seven years, no cases of Small-pox or varioloid have occurred in the Refuge, notwithstanding there were children admitted, during the time, suffering with the disease, necessarily exposing the inmates to contagion."

A second question proposed is this:—"Is the protection permanent?" Every practitioner can bring to the settlement of this question observations in his own practice. That the protection is not permanent, and that the protection diminishes with age, is the universal testimony of the profession.

A third query is suggested by this answer, viz. "Is re-vaccination a preventive of small-pox?" It was early noticed in continental military establishments that small-pox would attack those soldiers who had been vaccinated when young, and cause a considerable mortality. Re-vaccination began to be practised on a large scale, and the results show most conclusively that re-vaccination is a preventive of small-pox. It is stated in the English reports that

"During the five years, 1833–7, though small-pox infection had been sixteen times imported into different regiments of the army, there had ensued among the 14,384 re-vaccinated soldiers only—in the person of one whose re-vaccination two years before had been followed by 'modified success'—a single instance of varioloid."

"From 1843 re-vaccination has been compulsory in the Bavarian army; and from that date to the present time (1857), neither a single death of small-pox nor even a single case of unmodified small-pox has occurred in that population."

"For the last twenty-one years, re-vaccination has been general in the Danish army, and for the last thirteen years in the Danish navy; and these two populations have almost entirely escaped contagion during several epidemics of small-pox."

The propriety of compulsory vaccination has been long and earnestly discussed. In view, however, of the preceding facts, can there longer be a rational doubt of its propriety? Small-pox is the most loathsome scourge known to the human race; but there is a simple remedy which can eradicate it, provided every child uses the antidote. Shall the foolish prejudices of some ignorant persons, and the negligence of others, longer be allowed to be the means of propagating from generation to generation this dreaded disease? It is time this question of compulsory vaccination were decided in the affirmative, and stringent laws were made to enforce it. The movement of the Commissioners of Health of this City to obtain legislation to this effect, should be sustained by the citizens, and similar efforts should be made in other States.

THE WEEK.

THE need of volunteers to the Surgical Staff of the army to meet the emergencies which the destructive battles in different parts of the country now almost daily occasion,

* Sanitary Commission. E. Report of a Committee appointed by the Sanitary Commission to prepare a Paper on the Value of Vaccination in Armies. F. G. Smith, M.D., and A. Silla, M.D., Committee.

* Memorial of the Board of Commissioners of Health, of the City of New York, on the subject of Compulsory Vaccination, with a view to Exterminate the Small-Pox.

has led the Governors of many States to organize volunteer corps. In this State Gov. MORGAN, with the aid of SURGEON-GENERAL VANDERPOEL, has organized and commissioned an auxiliary corps, which is composed of the following gentlemen:—DRS. JAMES R. WOOD, ALFRED C. POST, ERNEST KRACKOWIZER, STEPHEN SMITH, CHARLES D. SMITH, GEO. A. PETERS, JOHN O. STONE, THADDEUS M. HALSTEAD, WILLARD PARKER, GURDON BUCK, LOTHAR VOSS, THOMAS M. MARKOE, and WILLIAM DETMOLD, of New York city; ALDEN MARCH, JOHN SWINBURNE, and S. OAKLEY VANDERPOEL, of Albany; EDWARD H. PARKER, of Poughkeepsie; CHARLES WINNE, of Buffalo, and DR WITT C. ENOS and JOSEPH C. HUTCHINSON, of Brooklyn.

THE following order has been issued by the Secretary of War:—

"Grave complaints against Assistant Surgeons Hewitt and Stipp having reached the Department, they are suspended from duty and ordered to report themselves. A negligent or inhuman surgeon is regarded by this department as an enemy of his country and of his race, and will be dealt with according to the utmost rigor of the military law."

DR. HEWITT is from this city, and is a gentleman of good character and eminent ability. Such charges as are here implied should be promptly investigated by the proper tribunal, and will, we believe, as in the case of SURGEON PORTER noticed last week, be proved groundless. The whole profession will heartily endorse the noble sentiment of MR. STANTON regarding the character of an unfaithful medical officer.

THE Medical Reform Bill has passed the lower House of Congress, and has since been subject to some amendments by a joint Committee of both Houses. As it now stands the changes which it produces are operative only during the present war.

THE Metropolitan Health Bill has passed one branch of the New York Legislature, and has met with unexpected difficulties in the way of proposed amendments. It will be quite impossible to give such a measure the political shade which mere politicians desire, and we greatly fear that any changes at this late day will prove fatal to its enactment.

Reviews.

COURSE OF LECTURES ON THE PHYSIOLOGY AND PATHOLOGY OF THE CENTRAL NERVOUS SYSTEM, delivered at the Royal College of Surgeons of England, in May, 1858, by E. Brown-Séquard, M.D., F.R.S. 1860. Philadelphia. J. B. Lippincott & Co.

LECTURES ON THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS OF PARALYSIS OF THE LOWER EXTREMITIES, by E. Brown-Séquard, M.D., F.R.S. 1861. Philadelphia. J. B. Lippincott & Co.

(Continued from page 218.)

LONG continued application of ice upon the part is the best means to treat burns. It prevents pain, and what is more important, the reflex influences which are so often the cause of death after burns. This treatment has given admirable results at the military hospital of Val-de-Grâce in Paris. Belladonna is the best narcotic in cases of burns, as it diminishes powerfully the reflex faculty of the spinal cord: opium, which on the contrary increases it, and congests the brain, must always be avoided.

It is not after an action of the poison on the nervous centres, but in consequence of changes produced locally in the nerves wounded by the bite, that the phenomena of hydrophobia occur. The convulsions follow a kind of *aura* (pain or other sensations) starting from the wound of the bite, or its cicatrix (which very often then gives way, and is replaced by a bleeding or suppurating wound). Therefore, the first thing to be done in hydrophobia, from a bite in a limb, would be to apply the tourniquet, or a very tight ligature, upon the principal artery of the limb above the wounded part. If the symptoms cease, the nerve supplying the wounded part should be resected. When the patient is seen a short time after the bite, besides resection of the nerve, a heated iron will be applied to the wound. If this has been inflicted in the head or trunk, the division of the nerve will be also practised. Led by these views Dr. W. Stokes, of Dublin, made the symptoms cease altogether in a patient attacked with hydrophobia: there were no convulsions so long as the tourniquet was applied to the limb, but they occurred at every time it was taken away. As the danger of producing gangrene prevented a constant application of the tourniquet, and amputation of the limb was not assented to, the patient ultimately died. Such a fact is important enough to encourage the trial of the rational treatment advocated by Dr. Brown-Séquard.

Let us pass now to the Lectures on paralysis of the lower extremities. Their main object is to show the existence of a reflex paraplegia due to irritations of the skin, the mucous and serous membranes, the abdominal or thoracic viscera, as well as the genital organs, or the trunk of the spinal nerves, entirely distinct from the other forms of paraplegia, not only in its symptoms but also in its rapid and frequent cure. Most cases of paraplegia can be classed in two different groups, according to the existence or absence of symptoms of irritation in the motor, sensitive, and vaso-motor nerves: to each group also corresponds a different category of therapeutic means pointed out by Dr. Brown-Séquard.

The principal features of two of the most characterized varieties of reflex and centric paralysis of the lower limbs, *i. e.* the paraplegia due to a reflex influence from the urinary organs, and the paraplegia due to myelitis, are thus exposed by Dr. Brown-Séquard:—

URINARY PARAPLEGIA.

1. *Preceded* by an affection of the bladder, the kidneys, or the prostate.
2. Usually lower limbs alone paralysed.

3. No gradual extension of the paralysis upwards.

4. Usually paralysis incomplete.

5. Some muscles more paralysed than others.

6. Reflex power neither much increased nor completely lost.

7. Bladder and rectum rarely paralysed, or at least only slightly paralysed. Urine usually acid.

8. Spasms in paralysed muscles extremely rare.

9. Very rarely pains in the spine, either spontaneously or caused by pressure, percussion, warm water, ice, etc.

10. No feeling of pain or

PARAPLEGIA FROM MYELITIS.

1. Usually no disease of the urinary organs except as a *consequence* of the paralysis.

2. Usually other parts paralysed besides the lower limbs.

3. Most frequently a gradual extension of the paralysis upwards.

4. Very frequently paralysis complete.

5. The degree of paralysis is the same in the various muscles of the lower limbs.

6. Reflex power often lost, or sometimes much increased.

7. Bladder and rectum usually paralysed, completely or nearly so. Urine frequently alkaline.

8. Always spasms, or at least twitchings.

9. Always some degree of pain existing spontaneously, or caused by external irritations.

10. Usually a feeling as if

constriction round the abdomen or the chest.

11. No formication, no prickling, no disagreeable sensation of cold or heat.

12. Anæsthesia rare.

13. Usually gastric derangement.

14. Great changes in the degree of the paralysis corresponding to changes in the disease of the urinary organs.

15. Cure frequently and rapidly obtained, or taking place spontaneously after a notable amelioration or the cure of the urinary affection.

The differential characteristics between chronic meningitis and spinal congestion may be resumed as follows:—

CHRONIC MENINGITIS.

1. Pain usually of a rheumatic character, more or less diffused along the spine, and increased by every movement of the spine.

2. Acute pain at the origin of the nerves proceeding from the parts of the cord where the meninges are inflamed, also increased by movement.

3. Frequent or constant spasms in the muscles of the limb augmented with the movements.

4. Variable degree of paraplegia, due to rapid changes in the quantity of cerebrospinal fluid, or in the meningeal congestion.

5. Spasm of the sphincter of the bladder, preventing the evacuation of the urine, sometimes followed by a paralysis of the sphincter. No alkalinity of the urine.

6. Anæsthesia rare; sometimes hyperæsthesia.

7. Reflex movements increased.

8. Alterations of the paralysed muscles, and the skin usually not very marked.

SPINAL CONGESTION.

1. Slight pain in the spine, hardly increased by pressure.

2. Formication alternating with numbness of the skin in the limbs at the beginning of the affection, from irritation in the origin of the nerves.

3. Greater degree of paralysis after a night's rest than in the course of the day, from the augmented congestion of the cord.

4. Slight spasmodic movements in some of the paralysed muscles. Usually paralysis extending to some of the respiratory muscles, and to the upper limbs, or to the lower ones, when it begins upwards.

5. Bladder and rectum more paralysed in this than in the other affections. No alkalinity of the urine.

6. Frequent hyperæsthesia.

7. Reflex movements lost or difficult to produce.

8. Usually sloughs in the sacrum and nates.

Hæmorrhage and softening in the spinal cord do not rarely coexist, inasmuch as the same morbid condition of blood-vessels is the ordinary cause of both affections. The sudden appearance of the paralysis, the pains in the spot of the hæmorrhage, and a complete paralysis of the bladder and rectum from the very beginning, distinguish the first from the second of this affection. When hæmorrhage takes place in the grey matter of the cord anæsthesia is complete from the commencement, and the temperature of the paralysed limbs increased. Myelitis often supervenes in the parts of the cord surrounding the clot. Hæmorrhage and

softening in the cord are incurable diseases; yet the latter may be arrested in its development, and even improved, whilst the former is of grave prognosis, on account of its easy reproduction, and its attending symptoms.

Paraplegia admits two sorts of treatment:—

1°. In paraplegia with symptoms of irritation of the motor, sensitive, and vaso-motor nerve fibres of the spinal cord, or of the roots of its nerves, the treatment consists in the use of some of the following means:—Belladonna, ergot of rye, hyoscyamus, stramonium, Indian hemp, dry cupping, blisters, moxas, issues, the hot douche, and also, sometimes, the iodide of potassium, ammonia, sulphate of quinine, iron, or cod-liver oil.

2°. In cases of paraplegia without symptoms of irritation of the spinal cord, or of the roots of its nerves, the rational treatment consists in the use of strychnia, sulphur, the cold douche or shower bath, and also of the iodide of potassium, and frequently ammonia, quinine, and iron.

Now in reflex paralysis the details of the treatment should be:—

a. To prevent the peripheral irritation, by the use of narcotics applied to the organs from which it starts. No narcotic is more powerful than belladonna, but as it diminishes the reflex power of the spinal cord it would be very unwise to make a constant use of it.

b. To improve the nutrition of the spinal cord, the patient every night, and in the course of the day, should lie down on his back, placing the head, arms, and legs on high pillows. As internal means strychnine is the remedy which deserves most confidence to augment the vital properties of the nervous centres, because it increases the amount of blood in the spinal cord, and it acts also in a direct manner on its tissue.

c. To prevent the ill effects of rest in the paralysed nerves and muscles the means consist essentially in the application of galvanism, of shampooing, and of the hot douche to the lower limbs. Besides, the voluntary power over the paralysed muscles must be exercised frequently. As regards hygienic rules nutritious food, a little wine or ale, are to be prescribed, together with moderate exercise in the open air.

(To be Continued.)

THE PRINCIPLES AND PRACTICE OF OBSTETRICS, by GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics, in the University of New York; author of "Clinical Lectures on the Diseases of Women and Children." Illustrated by Four Colored Lithographic Plates and Ninety-nine Wood Engravings. Second Edition, carefully revised. New York: William Wood, 389 Broadway. 1862. 8vo. pp. 763.

THIS able work is now so well known to the professional public, and it has been so fully noticed in all the medical journals of the country, that it is unnecessary to give an extended analysis of its contents. The fact that it has already passed to a second edition within the brief space of four months from the day of publication, is decisive evidence of its high appreciation by the profession of our country; especially at such a time as the present, when all sciences are at a discount, except those more particularly connected with the art of war. However flattering such a fact may be to the worthy and industrious author, it is but a just tribute to the extraordinary merits and utility of the work. No treatise on obstetric science and art has received such high and universal commendation by the medical press of this country and of Europe. Such testimony, therefore, fixes its status as a national work of the first importance and value.

The striking and prominent characteristics of the book are:—Its great simplicity; its rare felicities of style, constituting it one of the most readable of scientific works; its admirable plan and systematic arrangement of subjects; the thoroughness with which they are treated; the complete mastery of the science and art of obstetrics, and the profound research displayed by the author in every part; the

has led the Governors of many States to organize volunteer corps. In this State Gov. MORGAN, with the aid of SURGEON-GENERAL VANDERPOEL, has organized and commissioned an auxiliary corps, which is composed of the following gentlemen:—DRS. JAMES R. WOOD, ALFRED C. POST, ERNEST KRACKOWIZER, STEPHEN SMITH, CHARLES D. SMITH, GEO. A. PETERS, JOHN O. STONE, THADDEUS M. HALSTED, WILLARD PARKER, GURDON BUCK, LOTHAR VOSS, THOMAS M. MARKOE, and WILLIAM DETMOLD, of New York city; ALDEN MARCH, JOHN SWINBURNE, and S. OAKLEY VANDERPOEL, of Albany; EDWARD H. PARKER, of Poughkeepsie; CHARLES WINNE, of Buffalo, and DE WITT C. ENOS and JOSEPH C. HUTCHINSON, of Brooklyn.

THE following order has been issued by the Secretary of War:—

"Grave complaints against Assistant Surgeons Hewitt and Stipp having reached the Department, they are suspended from duty and ordered to report themselves. A negligent or inhuman surgeon is regarded by this department as an enemy of his country and of his race, and will be dealt with according to the utmost rigor of the military law.

DR. HEWITT is from this city, and is a gentleman of character and eminent ability. Such charges as are implied should be promptly investigated by the Department, and will, we believe, as in the case of PORTER noticed last week, be proved groundless. The whole profession will heartily endorse the action of MR. STANTON regarding the charges against this medical officer.

THE Medical Reform Bill has passed the Senate, and has since been passed by a joint Committee of Congress. It particularly pleases us in the changes which it proposes in the present war.

THE Metropolitan New York Legal

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safe meets in agency which may particularly pleases us in the changes which it proposes in the present war. The book exhibits abundant internal evidence of intense labor, and the most extensive research. For these and other reasons, already stated, we have no hesitation in recommending the book to both student and practitioner, as the ablest, safest, and most enlightened guide on the art and science of obstetrics accessible in the English language. C. A. L. PARKER.

Correspondence.

AMAUROSIS WITH TÆNIA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The incidental allusion of DR. M. GONZALEZ ECHEVERRIA, in your issue of the 29th of March, to the fact that "amaurosis, deafness, aphonia, have been immediately cured after the expulsion of a tænia," reminds me of an interesting case which came under my observation three years ago. I present the history of it as prepared for Prof. A. Clark's Clinic, at the time.

The patient, James Brown, is a colored man, 39 years old, occupation waiter, born in Maryland. His habits have been pretty regular, and his health good, until six

It is not after an action of the poison centres, but in consequence of changes in the nerves wounded by the bite, the hydrophobia occur. The convulsions (pain or other sensations) starting from the bite, or its cicatrix (which very soon is replaced by a bleeding or a scab), the first thing to be done is to amputate the limb, would be to apply a ligature, upon the part of the limb wounded. If the patient is seen a short time after the bite, a heated nerve, a heated nerve will be found. Stokes, a patient, was

After the first examination he spoke to me of having passed from his bowels pieces of "something white," which afterwards were found to be joints of tapeworm. He had observed similar joints mingled with faecal matters almost constantly for three years. Two ounces of pumpkin seeds, grated, were administered to him upon an empty stomach, and followed in eight hours by a dose of castor oil and turpentine. This resulted in the expulsion of a tænia solium nineteen feet long. Two or three days after this event he began to distinguish shadowy, indistinct outlines of objects moving around him, and from this time the haze rapidly cleared away from his vision, so that within a week more he could see plainly enough to recognise his acquaintances. At this time it was observed that the power of vision was returning only to the right eye, the one which had first suffered. The iris of this eye had regained its activity, and the pupil was much smaller than the other, which remained fixed and dilated as when first seen. The globe was also less prominent than that of the blind eye.

After a short time, however, say two weeks subsequent to the expulsion of the tænia, the left eye began also to show evidences of returning vision. The same phenomena of restoration which had been observed in the right eye were repeated in the left. At the end of thirty days the patient could see well enough to read the newspapers; the pain had mainly disappeared, and both eyes had a perfectly normal appearance, save the glaucomatous hue of the inner chambers, which still existed. Paralysis continued, but was somewhat less evident. Two years and a half later the patient's sight still remained unimpaired, or nearly so, and the paralytic effects had all disappeared.

The treatment adopted before the existence of the tænia was known consisted in the administration of the iodide of potassium in an aperient mixture, and repeated vesication over the mastoid process. This was continued without change until the full recovery of the patient.

Yours etc.,

O. O. BURGESS, M.D.

NEW YORK, April 2, 1893.

APPOINTMENTS.

NEW YORK HOSPITAL.—*Surgical Division.* Drs. G. R. Cutter and J. H. Kent, *Resident Surgeons*; Drs. F. D. Sturges and Jno L. Kenyon, *Assistants*; Drs. S. A. Jenkins and F. P. Foster, *Junior Medical Division.* Dr. M. K. Hogan, *Resident Physician*; Dr. Smith, *Senior Assistant*; and Dr. C. E. Baker, *Junior*

AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

May of April to the 14th day of April, 1862.

Men, 73; boys, 111; girls, 110—total, 293. Adults, 210; females, 158; colored, 7. Infants under 10 years reported of native parents, 26; foreign,

we notice:—Apoplexy, 6; Infantile convulsions, 7; scarlet fever, 27; typhus and typhoid fever, 6; dropsy of head, 23; infantile enteritis, 0; inflammation of brain, 10; of lungs, 9; of congestion of brain, 9; of lungs, 6; measles, 0. 206 deaths occurred from causes. 270 were native, and 128 foreign; 1 in the Immigrant Institution, and 54 in the Bellevue Hospital.

the Eastern Dispensary, kept in Essex street, New York.

Force of wind and wet therm.	Wind.	Mean amount of cloud.	Humidity, 1000
	W.	1	500
	N.W.	4	601
	N.E.	10	810
	N.E.	9	810
	N.W.	1	681
	N.W.	.08	410
	N.W.	.02	890

6th, Fine. 7th, Ice A.M.; P.M. cloudy. 8th, Snow P.M. 9th, Snow storm P.M. with a gale of wind all night. 10th, 11th, and 12th, Fine days. Strong winds prevailed all the week. Melted snow during the week, 0.4 inch.

MEDICAL DIARY OF THE WEEK.

Monday, April 21.	NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M. OBSTETRIC SECTION, 8 P.M.
Tuesday, April 22.	NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, April 23.	NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1a. Hos., half-past 1 P.M. Dr. Flint, 1a. Hos., 8 P.M. EYE INFIRMARY, 12 M. NEW YORK PATHOLOGICAL SOCIETY, 8 P.M.
Thursday, April 24.	NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Elliot, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, April 25.	NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. EYE INFIRMARY, 12 M. BELLEVUE HOSPITAL, Dr. McCready, half-past 1 P.M. SURGICAL SECTION, Dr. Wood, 2 Irving Place.
Saturday, April 26.	NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

BELLEVUE HOSPITAL MEDICAL COLLEGE.

ORDER OF LECTURES IN SPRING SESSION, 1862, FOR THE WEEK ENDING APRIL 26.

Monday, Prof. MOTT, 12 M.
Tuesday, Prof. ELLIOT, 12 M.
Wednesday, Prof. SAYRE, at Island Hospital, 2 P.M.
Wednesday, Prof. FLINT, at Island Hospital, 3 P.M., (steamer leaves at 1 1/2 P.M.)
Thursday, Prof. WOOD, 12 M.
Friday, Prof. SMITH, 12 M.
Saturday, Prof. FLINT, Jr., 12 M.
Clinical Lectures by Prof. TAYLOR, Thursday, 1 1/2 P.M.
" " by Prof. MCCREADY, Friday, 1 1/2 P.M.

The order of Lectures for each week will be published in the AMERICAN MEDICAL TIMES.

SPECIAL NOTICES.

OBSTETRIC SECTION.—A regular meeting of the Section will be held at the residence of the Chairman, DR. S. T. HUBBARD, No. 47 Ninth Street, on Monday evening, the 21st inst., at 8

o'clock precisely. The discussion, on "Breech Presentations," will be opened by DR. ALFRED UNDERHILL.

SECTION OF SURGERY AND SURGICAL PATHOLOGY.—The stated monthly meeting of the Section of Surgery and Surgical Pathology of the New York Academy of Medicine will be held at the house of the Chairman, DR. JAMES R. WOOD, No. 2 Irving Place, on Friday evening, the 25th inst., at 8 o'clock P.M. Subject for discussion, "Tracheotomy." All business communications must be addressed to the Secretary, DR. JOHN P. GARRISH, No. 40 West 21st st. The Secretary most respectfully solicits from members of the profession, to communicate to him any information and experience which they may have had, as a source or means of saving life in croup, and in all the kindred affections of the larynx and trachea.

DR. GARRISH will operate for Cataract at the Hospital No. 63 Third Avenue, on Tuesday, the 22d inst., at 2 o'clock P.M. Students of Medicine are invited to attend.

Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn. References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D. of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

John W. Shedden, Apothecary,

268 Bowery, cor. 4th St.

Squibb's, Allen's, Tilden's, Herring's, and other fine preparations always on hand; also Pure Chloroform and Oxalate of Cerium prepared for use by Duncan Flockhart & Co., Edinburgh.

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"NEW TAILORING MACHINE."

Having heretofore aimed almost wholly to supply a Family Machine, which should do all kinds of family sewing, and having succeeded, we now enter the market with a Manufacturing Machine, which, for elasticity and strength of stitch—for rapid movements—for simplicity and durability, defies competition. While adapted to make the HEAVY ARMY AND NAVY COATS, with linen thread, it can, by a slight change, be made to do the fine family sewing; thus combining in one machine adaptation to FINE FANCY SEWING and HEAVY MANUFACTURING. This can be best appreciated by those who have owned and operated machines. We do not ask or expect the public to be governed by our statements alone. We court investigation, and refer to the thousands who have our machines in successful operation.

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soundness, judiciousness, and conservatism of the views presented; its beautiful symmetry of proportion, every topic being investigated according to its practical importance; the just and impartial judgment with which all controverted points are discussed; the fine enthusiasm and love of science, combined with a beautifully sincere and high appreciation of the noble qualities of woman, equally creditable to the heart and head of the writer; the rare and extensive personal experience, strongly marked individuality, and thorough acquaintance with all facts, discoveries, and researches, bearing on the art and science of obstetrics. In all these respects, in matter and arrangement, in philosophic views, in elegance as well as eloquence of expression, there is no work in the English language on the same subject which, in our judgment, can compare with it. This may seem extravagant praise to those who have not made themselves extensively acquainted with the various treatises on this subject, but to those who have, its truth will be readily acknowledged.

To be praised by foreign journals is the highest possible proof of merit in an American scientific work. The *Edinburgh Medical Journal*, for example, says of it: "We can give Dr. Bedford's book no higher praise than to say that, as a whole, it is remarkable among its contemporaries for soundness in scientific views, readableness as a literary composition, and worth as a guide of practice." The same journal also speaks of it as "far excelling the generality of text-books on midwifery." In this last respect the work is unquestionably to be ranked *first* among kindred publications on this branch of science. Such a work should be clear, comprehensive, and philanthropic; and especially should it incorporate, in the fullest manner, the practical details of the lying-in chamber. This has been most successfully accomplished in Dr. Bedford's "Principles and Practice of Obstetrics." The book is not only a perfectly safe and enlightened guide to the practitioner, but it meets in the most satisfactory manner every exigency which may arise in the parturient room. What particularly pleases us is his uncompromising vindication of *Conservative Midwifery*, which is no trifling merit in these days, when the love for interfering with nature's inimitable processes seems paramount. Indeed, Dr. Bedford's teachings are most timely, for some such lessons as he inculcates were needed to arrest the oftentimes cruel and unjustifiable resort to instruments.

A careful examination of the work cannot fail to satisfy the reader that the author is, in every particular, thoroughly posted up to the existing state of obstetric science. His familiarity with the French school has enabled him to present whatever is valuable in French medical literature for this department of science, and the same of other foreign countries. The book exhibits abundant internal evidence of intense labor, and the most extensive research. For these and other reasons, already stated, we have no hesitation in commending the book to both student and practitioner, as the ablest, safest, and most enlightened guide on the art and science of obstetrics accessible in the English language.

P. REESKILL.

C. A. L.

Correspondence.

AMAUROSIS WITH TÆNIA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The incidental allusion of DR. M. GONZALEZ ECHEVERRIA, in your issue of the 29th of March, to the fact that "amaurosis, deafness, aphonia, have been immediately cured after the expulsion of a tænia," reminds me of an interesting case which came under my observation three years ago. I present the history of it as prepared for *Prof. A. Clark's Clinic*, at the time.

The patient, James Brown, is a colored man, 39 years old, occupation waiter, born in Maryland. His habits have been pretty regular, and his health good, until six

months ago, when he suddenly began to suffer severe pain through the right eye, and over the right side of the face and head. About this time, a day or two, he thinks, after the pain began, he discovered that he had paralysis of the right side of the face. The pain continuing, most severe through the globe of the right eye, he soon began to experience a cloudiness of vision as though a thin veil or mist was interposed between the eye and object of vision. For the first few days all objects viewed with the right eye alone seemed of a bright yellow color. The befogging of sight in that eye gradually deepened in intensity, until at the end of five or six weeks its power of vision was entirely obscured. Now began a similar set of symptoms in the left eye; pain through the globe and over the supra-orbital ridge, without extending, however, so generally over that side of the face and head, and followed by no paralytic effects, dimness and uncertainty of vision, resulting finally in total loss of sight in this eye also. This condition was reached in about four months after the first attack, and continued unaltered when two months later the patient first came under my care. At this time the eyes had a staring, vacant aspect, the globes being prominent as if pressed forward from within; the pupils were largely dilated, and but little sensible to the effect of light. There were no evidences of any disease in the external tunics of the eyes. The deeper portions, as seen through the pupils, presented a greenish or glaucomatous color. Paralysis of the muscles of the right side of the face, with partial paralysis of the tongue, still existed, and pain similar in character, though much less severe than that which had ushered in the disease, still continued. He also described a troublesome sensation as of "something crawling about on the top of his brain." Had chancre four years before, but had never suffered from any consecutive symptoms. Bowels sluggish; appetite rather inordinate. A few days after this first examination he spoke to me of having passed from his bowels pieces of "something white," which afterwards were found to be joints of tapeworm. He had observed similar joints mingled with fecal matters almost constantly for three years. Two ounces of pumpkin seeds, grated, were administered to him upon an empty stomach, and followed in eight hours by a dose of castor oil and turpentine. This resulted in the expulsion of a tænia solium nineteen feet long. Two or three days after this event he began to distinguish shadowy, indistinct outlines of objects moving around him, and from this time the haze rapidly cleared away from his vision, so that within a week more he could see plainly enough to recognise his acquaintances. At this time it was observed that the power of vision was returning only to the right eye, the one which had first suffered. The iris of this eye had regained its activity, and the pupil was much smaller than the other, which remained fixed and dilated as when first seen. The globe was also less prominent than that of the blind eye.

After a short time, however, say two weeks subsequent to the expulsion of the tænia, the left eye began also to show evidences of returning vision. The same phenomena of restoration which had been observed in the right eye were repeated in the left. At the end of thirty days the patient could see well enough to read the newspapers; the pain had mainly disappeared, and both eyes had a perfectly normal appearance, save the glaucomatous hue of the inner chambers, which still existed. Paralysis continued, but was somewhat less evident. Two years and a half later the patient's sight still remained unimpaired, or nearly so, and the paralytic effects had all disappeared.

The treatment adopted before the existence of the tænia was known consisted in the administration of the iodide of potassium in an aperient mixture, and repeated vesication over the mastoid process. This was continued without change until the full recovery of the patient.

Yours etc.,

O. O. BURGESS, M.D.

NEW YORK, April 2, 1902.

APPOINTMENTS.

NEW YORK HOSPITAL.—*Surgical Division.* Drs. G. R. Cutter and Alfred North, *Resident Surgeons*; Drs. F. D. Sturges and Jno L. Kennedy, *Senior Assistants*; Drs. S. A. Jenkins and F. P. Foster, *Junior Assistants.* *Medical Division.* Dr. M. K. Hogan, *Resident Physician*; Dr. Normand Smith, *Senior Assistant*; and Dr. C. E. Baker, *Junior Assistant.*

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 7th day of April to the 14th day of April, 1862.

Deaths.—Men, 99; women, 73; boys, 111; girls, 110—total, 393. Adults, 179; children, 221; males, 210; females, 183; colored, 7. Infants under two years of age, 144. Children reported of native parents, 26; foreign, 171.

Among the causes of death we notice:—Apoplexy, 6; Infantile convulsions, 24; croup, 17; diphtheria, 7; scarlet fever, 27; typhus and typhoid fevers, 6; consumption, 66; small-pox, 6; dropsy of head, 28; infantile-marrasmus, 21; diarrhoea and dysentery, 0; inflammation of brain, 10; of bowels, 9; of lungs, 25; bronchitis, 5; congestion of brain, 9; of lungs, 6; erysipelas, 8; whooping cough, 11; measles, 0. 206 deaths occurred from acute diseases, and 88 from violent causes. 270 were native, and 123 foreign; of whom 81 came from Ireland; 2 died in the Immigrant Institution, and 54 in the City Charities; of whom 16 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

April. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity Saturn, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
6th.	30.00	.20	46	37	55	9	18	W.	1	500
7th.	30.15	.30	40	30	50	7	11	N.W.	4	601
8th.	29.94	.30	30	27	35	3	8	N.E.	10	810
9th.	29.70	.30	30	26	34	4	8	N.E.	9	810
10th.	29.90	.30	38	36	40	2	7	N.W.	1	661
11th.	30.30	.11	41	38	54	10	15	N.W.	.08	410
12th.	30.26	.10	44	32	55	11	17	N.W.	.02	390

REMARKS.—6th. Fine. 7th. Ice A.M.; P.M. cloudy. 8th. Snow P.M. 9th. Snow storm P.M. with a gale of wind all night. 10th, 11th, and 12th. Fine days. Strong winds prevailed all the week. Melted snow during the week. 0.4 inch.

MEDICAL DIARY OF THE WEEK.

Monday, April 21.	NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M. OBSTETRIC SECTION, 8 P.M.
Tuesday, April 22.	NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, April 23.	NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1a. Hos., half-past 1 P.M. " " Dr. Flint, 1a. Hos., 8 P.M. EYE INFIRMARY, 12 M. NEW YORK PATHOLOGICAL SOCIETY, 8 P.M.
Thursday, April 24.	NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Elliot, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, April 25.	NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. EYE INFIRMARY, 12 M. BELLEVUE HOSPITAL, Dr. McCready, half-past 1 P.M. SURGICAL SECTION, Dr. Wood, 2 Irving Place.
Saturday, April 26.	NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

BELLEVUE HOSPITAL MEDICAL COLLEGE.

ORDER OF LECTURES IN SPRING SESSION, 1862, FOR THE WEEK ENDING APRIL 26.

Monday, Prof. MOTT, 12 M.
Tuesday, Prof. ELLIOT, 12 M.
Wednesday, Prof. SAYRE, at Island Hospital, 2 P.M.
Wednesday, Prof. FLINT, at Island Hospital, 3 P.M., (steamer leaves at 1½ P.M.)
Thursday, Prof. WOOD, 12 M.
Friday, Prof. SMITH, 12 M.
Saturday, Prof. FLINT, Jr., 12 M.
Clinical Lectures by Prof. TAYLOR, Thursday, 1½ P.M.
" " by Prof. MCCREADY, Friday, 1½ P.M.

The order of Lectures for each week will be published in the AMERICAN MEDICAL TIMES.

SPECIAL NOTICES.

OBSTETRIC SECTION.—A regular meeting of the Section will be held at the residence of the Chairman, DR. S. T. HUBBARD, No. 47 Ninth Street, on Monday evening, the 21st inst., at 8

o'clock precisely. The discussion, on "Breech Presentations," will be opened by DR. ALFRED UNDERHILL.

SECTION OF SURGERY AND SURGICAL PATHOLOGY.—The stated monthly meeting of the Section of Surgery and Surgical Pathology of the New York Academy of Medicine will be held at the house of the Chairman, DR. JAMES R. WOOD, No. 2 Irving Place, on Friday evening, the 25th inst., at 8 o'clock P.M. Subject for discussion, "Tracheotomy." All business communications must be addressed to the Secretary, DR. JOHN P. GARRISH, No. 40 West 21st st. The Secretary most respectfully solicits from members of the profession, to communicate to him any information and experience which they may have had, as a source or means of saving life in croup, and in all the kindred affections of the larynx and trachea.

DR. GARRISH will operate for Cataract at the Hospital No. 63 Third Avenue, on Tuesday, the 22d inst., at 2 o'clock P.M. Students of Medicine are invited to attend.

Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn. References:—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

John W. Shedden, Apothecary,

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Squibb's, Allen's, Tilden's, Herring's, and other fine preparations always on hand; also Pure Chloroform and Oxalate of Cerium prepared for us by Duncan Flockhart & Co., Edinburgh.

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"NEW TAILORING MACHINE."

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This Tissue is always reliable, being of a uniform strength and blistering in six hours. It is neat, handy, economical, and of a great convenience for Physicians (principally country Physicians) Pharmacologists, and Patients. Generally used in the civil practice; it is the only one employed in the active armies and hospitals of France.

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This ANTI-GOUT preparation is among the numerous topical applications possessed by therapeutics, the best external remedy for Gout, Rheumatism, and NEURALGIA.

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Every physician, every work of medicine, regards the Iodide of Iron as an excellent preparation, uniting the properties of both Iron and Iodine.

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Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of *Secale Cornutum*, minus its poisonous substance. In consequence, Bonjean's Ergotine may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of Bonjean's Ergotine is from five to 10 grains daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

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Physicians desirous to have a faithful article, will prescribe *Genuine Quevenne's Iron*, which is always uniform and reliable, and quite different from the commercial Iron by Hydrogen.

It comes in small bottles, with a tin spoon containing two grains of Iron, which is a dose.

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The unfriendly action of Copalva on the stomach, causing nauseous eructations and gastric derangements, renders its continued employment often impossible. In Lebel's Savonules, the Balm, by its saponification with an alkali, is modified in such a manner, that its digestion is easy and its absorption more ready, besides its elegant form and disguise under a coating of gluten, recovered by sugar as a dragée, neither offend the sight nor displease the palate.

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This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia, Epilepsy, Convulsions, Hysteria, &c., &c.*

Dose.—Two to three teaspoonfuls daily.

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Successfully prescribed in *Dyspepsia, Gastralgia, in slow and difficult digestion*, in chronic diseases, and also to arrest vomiting during pregnancy.

Dose.—Fifteen grains in powder, two or three times a day, just before eating.

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Each Granule contains one-third of a grain of Hydro-alcoholic Extract of *Digitalis Purpurea*. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary excretions, act remarkably well in the *Nervous Palpitations, Anæmia, and Hyper-trophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

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This paper contains a determined quantity of Nitrate of Potash, Belladonna, Hyoscinum, Stramonium, and it burns well, and its pleasant fumes near the patient, in a closed room, relieve immediately all oppressions.

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These Dragées compound of Santonine and Jalapine are at the same time vermifuge and purgative—being coated with sugar they are pleasant to take, even for children. Each Dragée contains half a grain Santonine and one-fifth of a grain of Jalapine, with chocolate and coated with sugar.

Dose.—Ten to twelve a day for an adult, repeated three days.

GELIS & CONTE'S DRAGÉES OF LACTATE OF IRON.

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The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis, Whites, Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

Dose.—Two to three, three times a day.

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Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia, Headache, convulsions of the stomach, &c., &c.* It is favorably spoken of by Drs. Troussseau, Pidoux, Grisolle, &c., &c.

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The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility, Anæmia, Dyspepsia, Neuralgia*, and principally where a nervous tonic is indicated.

Dose.—Two to four Dragées, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

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This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as cod liver oil. Dose.—A teaspoonful two or three times a day.

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Original Lectures.

LECTURES ON NEW REMEDIES AND THEIR THERAPEU- TICAL APPLICATIONS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.
By SAMUEL R. PERCY, M.D.,
PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE VI.—PART I.

RESINA PODOPHYLLI (PODOPHYLLIN).

GENTLEMEN:—The subject of which we shall now treat is the resinous and active medicinal principle of the root of the *Podophyllum Peltatum*.

The plant grows wild in every State of the Union, and is known by the names of mandrake, wild lemon, may apple. It is generally found upon the borders of the woods, growing in the damp and leafy soils, where the roots can spread freely in a lateral direction. In the northern states the plant grows eight or ten inches high, but in the southern states it is larger, and may frequently be seen twelve to sixteen inches in height. The root is perennial, creeping, and frequently many feet in length. Sometimes a patch of plants of several yards in diameter will be found, the whole of the roots connected together. The root is about a quarter of an inch in diameter, jointed, and of a light brown color. The plant flowers in May and June, and ripens its fruit about September. The fruit is of a light lemon color, about the size of a hen's egg, and contains a thick mucilaginous pulp, which is of a pleasant sub-acid, sweetish taste, and is eagerly sought for by the country children. The green leaves are said to be narcotic, but I much doubt whether they contain any narcotic properties. In the green state the plant contains a volatile substance which is entirely dissipated on drying, and what little knowledge I have gained of its properties in this state would lead me to class it as an acrid emetic and cathartic. The leaves and stalk when dry are inert, and the whole of the medicinal activity resides in the rhizoma. A full description of its botanical characteristics may be found in Willd Sp. Plant. ii. 1141; Barton Med. Bot. ii. 9; Carson's Illust. Med. Bot.; U. S. Dispens., p. 605.

The podophyllum root was a favorite cathartic remedy with the Indians before the occupation of this country by the Europeans. It was usually used by them in decoction, and aromatic roots and barks were added to it to avoid its griping properties. The root has been used by the colonists ever since their settlement in this country; it has been used in decoction, in powder, in tincture and extract, but its true properties seem to have been little understood until the isolation of its active or resinous principle.

Numerous monographs have, from time to time, been written on the plant, and much argument has taken place, and much feeling has been displayed as to who first discovered and recommended the resinous principle. Upon this subject we will not touch, for as our time is brief it can be better occupied in studying its chemical composition and therapeutical applications.

The name applied to the resin has hitherto been podophyllin, but it is understood that in the forthcoming new edition of the U. S. Pharmacopœia it will be known by the name of *resina podophylli*; we will, therefore, treat of it under this more correct name; more correct, because it designates its composition.

Preparation of the Resin.—Most of the resin now in the market is prepared by manufacturers upon the large scale, and is in the hands of a few individuals. Its preparation in the large way differs from that adopted by the analyst or pharmacist.

AM. MED. TIMES, VOL. IV., No. 17.

When prepared in the large way the root is powdered, moistened with alcohol, and packed in a displacement apparatus, and exhausted with boiling alcohol. The strong tincture thus obtained is distilled to a proper density, and allowed to flow in a small stream into six or seven times its quantity of cold water, to which has previously been added about one per cent. of hydrochloric acid. It is kept continually stirred until all the alcoholic tincture is thoroughly mixed with the water, and it is important, for ready separation of the resin, that the evaporation has been conducted to just the proper point, for if too much alcohol remains a large quantity of water is required, whereas, if the evaporation is too concentrated, it is apt to fall into the water in lumpy masses which do not allow the alcohol to separate freely from them. After being allowed to stand for some time to separate, the whole is thrown upon flat stretched filters, and the whole of the liquid allowed to drain off. When sufficiently drained and washed it is thrown upon trays and carried to the drying-room, and left there until it is dry enough to powder. A considerable quantity is generally collected before it is powdered, as it is an operation much dreaded by the workmen, as the powder is excessively irritating to the eyes, nose, mouth, respiratory organs, and even to the skin. Even with all the improvements in the apparatus for powdering and sifting the workmen are frequently sick for some days after attending to the powdering of this resin.

When made by the pharmacist in the small way, or by the analyst, the finely powdered root is moistened with alcohol, and packed in a displacement funnel, and a disc of filtering paper placed over the surface. Alcohol is now added, and it is generally allowed to stand twenty-four or more hours before it is allowed to filter off. As soon as filtration commences more alcohol is added, until it is sufficiently exhausted; generally about two pints of alcohol will be found sufficient to exhaust a pound of the root, but as upon the small scale a small quantity of resin can better be lost than a large quantity of alcohol it may be at any time known when to stop the addition of the alcohol; for as the tincture passes through the displacement funnel it may be dropped into slightly acidulated water, and the amount of resin in suspension may be thus ascertained. In evaporating this tincture it is well not to employ too great a heat, otherwise the product will be dark colored; the evaporating dish should therefore not be buried too deeply in the sand bath. As evaporation progresses the resinous substance which collects upon the edge of the dish must be rubbed off, and kept mixed with the fluid, and evaporation must not be allowed to proceed too far. The weight of the evaporating dish had better be known, so that uniformity can be nearly arrived at; and if the amount of alcohol above mentioned has been added to a pound of the root, about four oz. by weight of the evaporated tincture may be considered concentrated enough to arrest the process. This, while still hot, is poured in a very fine stream into twenty oz. of ice-cold water, which is constantly stirred with a stout glass rod, and when the whole is added it is set aside for twenty-four hours. It is then thrown on a linen filter, and washed with ice-water, allowed to dry as much as possible, and then rolled into sticks, in which form it may be dried and powdered as wanted.

Mr. Edward Parrish, who has written a very able article on this resin, and which has just appeared in the *American Journal of Pharmacy*, says, that he has experienced some difficulty in the separation of the precipitate, and recommends that the water in which it is thrown should be brought just below the boiling point when the resin fuses and collects on the bottom and sides of the jar. While in this state, he says that it may be kneaded and pulled out, so as to wash it thoroughly and make it lighter in color. He prefers to leave it in lumps or pieces, as it is in this state more characteristic, and less liable to adulteration.

The precipitation takes place more perfectly and readily if one or one and a half per cent. of hydrochloric acid is added to the water, or if a small quantity of alum is dis-

solved in the water before the addition of the concentrated tincture; but I have used clear water, because with it there is a small amount of another principle to be separated. After the precipitation has taken place, if to the filtered water a small amount of acetate of lead is added, a precipitation takes place of a light brown powder, which may be washed in a small quantity of water acidulated with acetic acid, and with water, and dried: this has been called the neutral principle. Of its therapeutic action we will speak hereafter.

The resin as obtained by the processes above mentioned is of a yellowish brown color, nearly all soluble in alcohol; about 75 per cent. of it soluble in ether; and wholly soluble in a hot solution of caustic alkali; insoluble in cold solution of the carbonate and bi-carbonate of soda and potash. With the caustic alkalies it forms a soap like other resins, but it may be easily separated from its solvent by the addition of an acid. It is decomposed by sulphuric acid, and by strong nitric acid also, with effervescence, forming a reddish iodine colored liquid. It is in the books said to be entirely soluble in alcohol; but in endeavoring to purify it, and make it of a lighter color by repeated solutions in alcohol and precipitations in water, I have found there is at each solution a portion of resin entirely insoluble in cold alcohol, and by repeated precipitations the whole may thus gradually be rendered insoluble in alcohol. What the exact chemical change is which takes place by the precipitation I will leave to abler chemists to determine, but I suppose a portion of it unites with the water as a base, forming a hydrate. The same results are noticed with the resinous principles of many other of the indigenous remedies which I have experimented upon.

The amount of the resin soluble in ether varies in different samples, ranging from 50 to 80 per cent.; and from some examinations made by Mr. Tilden, he states that there is a great difference in the solubility of the resin in ether, in podophyllin made from roots collected in the spring and in the autumn. Thus in the resin obtained from spring roots fifty-four parts in one hundred were soluble in ether, while in that obtained from autumn roots but forty parts in one hundred were soluble in ether.

The ether used in these experiments must, I fear, have been impure, for the amounts of the resin soluble in that menstruum are very much smaller than usually obtained. From some experiments made by Mr. Wm. Parrish, eighty-five parts of the resin made by him were soluble in ether, and on an average I find it will amount to seventy-five parts. The resin soluble in ether is far more active than that insoluble in that fluid.

There is a difference in the amount of the resin obtained from the root at different periods of its growth. That gathered in June was found by Mr. Parrish to contain more resin than that gathered in September. The amount of resin obtained by large manufacturers will vary from three to five per cent.

During 1860 and 1861, M. Civiale has operated in 120 cases of stone, in 115 men and 5 women. 88 were cases of lithotripsy; of which 3 died and 79 were cured. 17 patients were lithotomized; of whom 8 were cured, 2 recovered with fistulae, and 7 died. 15 cases were not operated upon; of these, 6 died, and 9 remained alive.—*Brit. Med. Jour.*

DRS. ALGERNON COOLIDGE of Boston, William O. Johnson of Cambridge, William D. Lamb of Lawrence, and Dr. B. B. Breed of Lynn, have left for Washington, whither they had been summoned, in anticipation of the great addition to the labors of the Surgical Staff likely, within a few days, to grow out of the movements in Virginia.—*Boston Journal.*

ST. VINCENT'S HOSPITAL.—During the year 1861, 665 patients have been treated in this institution. Of these 279 were cured, 207 relieved, 65 unrelieved, and 114 died.

Original Communications.

INVERSION OF THE UTERUS,

OF THIRTEEN YEARS' STANDING,

WITH A NOVEL METHOD OF REDUCTION.

[Being a Paper read before the N. Y. Academy of Medicine, March 5, 1893.]

By E. NOEGGERATH, M.D.,

NEW YORK.

THE object of this paper on inversion of the uterus is twofold. First, to report the successful performance of an operation for inversion, in an instance where displacement had existed for a longer time than in any of the cases reported in which an operation had been attempted. And again, the surgical manoeuvre adopted differed from those formerly resorted to, and claims the preference over other methods hitherto employed. For which latter assertion I find the best proof in the fact, that two operations had been previously attempted in France without affecting a change in the relative positions of the dislocated sexual organs, in the case to which I call your attention. The history of the case is briefly stated as follows:

Madame Victorine Reauté, born in Bourbon, arrondissement Dunquirque, département du Nord, France, now a resident of this city, is 38 years old, of dark complexion, and although very much reduced by a sickness of long standing, endowed with a good deal of physical energy. Born of healthy parents, she enjoyed a very satisfactory state of health up to the time of her marriage, which occurred when she was twenty-two and a half years old. She had her first menstrual discharge at the age of fifteen, which, up to the time of her first gestation, had continued as normal as could be desired. She was married on the 16th of July, 1846, at the city of St. Omère, département de Pac de Calais. She soon afterwards became pregnant, and was taken with the first labor pains during the night of the 16th of April, 1847. The pains went on, gradually although very slightly increasing until nine o'clock A.M. of the following day, when they suddenly and unexpectedly seized her with such violence that the child's head began to enter the os externum, while Mrs. R. was still walking the floor. All she had time to do was to throw herself in the lap of her husband, in which posture she gave birth to the baby, which is alive at the present day. The husband was seated on a chair, while the doctor, kneeling in front of her, received the child in his hands. No hæmorrhage followed this sudden evacuation of the uterus, but when there were no signs of detachment of the placenta fifteen minutes afterwards, the doctor requested the patient to bear down in order to promote its discharge. Immediately after this order was given, and before the patient had fairly obeyed it, and while the doctor had passed his hand inside of her, she felt something unusual take place in her abdomen, which made her faint away instantly. In this state of unconsciousness the woman remained from nine o'clock A.M. till twelve at noon. She was then able to speak a few words, but soon relapsed into the same condition, and was considered to be dying by all around her. The patient recollects having been flooded all this time, and most profusely in the first three hours, after which time the violence of the hæmorrhage was somewhat checked by a lemon, which the doctor had introduced into the vagina.

On the following day, the patient found herself in a feverish and very reduced state, with symptoms of inflammation of the bowels. All that she knows of the medical treatment is the application of mercurial ointment. For two months her life hung by a thread, and all this time she was kept in a position, the feet elevated, and the head depressed, while blood was oozing constantly from her womb. Several physicians were called in, and although they were well aware of the existing inversion of the uterus, none of them dared to attempt a replacement, on account of the exhaustion of the patient.

It was not until within a year after the occurrence of the accident, that her attendant tried to reduce the inverted uterus. Drs. Evrard, Bertrand, and Reveil, performed two different and distinct operations on her in 1848. The instruments used on the first occasion, were a four-bladed speculum, and a rectum-bougie. The second attempt was made by dilating the vagina with a spatula and manipulation with the hand passed into the same; no chloroform was used. The result was none as to the position of the displaced organ, while the hæmorrhage was worse than before, so that she had to remain in bed for three weeks before she could regain her former strength, and, when she had begun to walk around, a new complaint was added. The womb, which had hitherto remained inside, came down so as to show outside the parts; and although it could be easily pushed upwards, whenever it had come down, her ailments, and more especially the hæmorrhage, were considerably increased by this occurrence. The prolapse, however, gradually disappeared, and she has never been troubled with it for the last eight years. After those unsuccessful attempts at reduction, the treatment of her case was restricted to the use of astringent injections, with a view of controlling the flooding. In 1851, Mrs. R. left her country for New York. She has had ever since a considerable flow of blood for at least three weeks in each month, which then subsided for the remainder of the period, and then gave place to a whitish serous discharge. For the last three months, she was treated by a physician of considerable repute in this city, who applied the lunar caustic to the bleeding surface twice a week, during which application the flooding became rather worse.

On the 22d of February, 1860, I was called upon by the husband of the patient to see her on account of a severe attack of headache, from which she had been suffering occasionally for many years. While inquiring into the nature of the complaint, Mrs. R. made a casual remark of her being troubled with hæmorrhage from the womb, intimating at the same time that she had no desire to have my attention directed to the latter, because, after all she had gone through, she thought her complaint past all hopes of recovery. This latter remark arrested my attention, and I began to examine more closely into the nature of that hæmorrhage. As both Mr. and Mrs. R. were very intelligent people, and even at the present day perfectly au fait with the particulars of the case, I soon came to the conviction that the cause of the hæmorrhage could be nothing short of an inversion of the womb. After having brought to bear all possible means of persuasion, I was at last permitted to perform a vaginal examination.

This was done on Saturday, the 25th of February. The patient having been placed in a convenient position, I passed my forefinger into the vagina, which was unusually distended, and met there with a tumor, the lowest point of which was situated about one and a quarter inches above the vulva. It had a very soft feel, was somewhat compressible, of a pear-like shape, and about three inches long. Several parts of it, *when slightly scratched with the nail of the finger, gave rise to a sharp pain*, which was experienced by the patient in the left iliac region close by the anterior iliac spine. The vaginal neck was about half an inch long, and the os uteri open and pierced by the upper portion of the tumor.

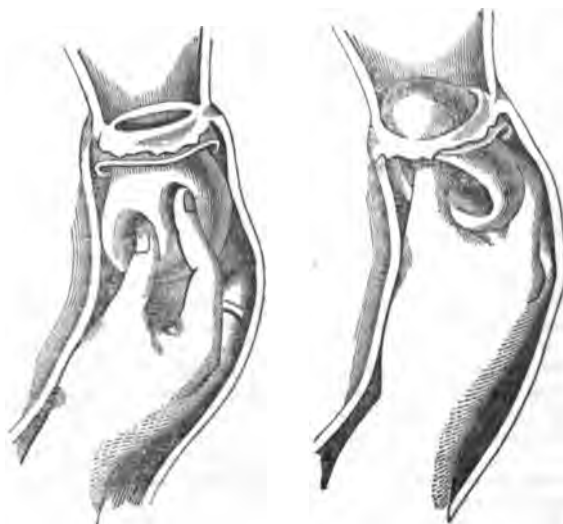
On passing the finger around the upper extremity of the mass, between the latter and the inner margin of the lips of the cervix, the constriction of the os uteri was found to be so perfect that it could not be ascertained in what portion of the uterine canal or to what extent the pedicle was inserted. In order to decide this very important question, the womb-sound was now introduced into the vaginal neck, and after a most careful examination, during which the instrument was made to traverse around the entire surface of the cervical segment of the tumor, I became convinced that the sound could nowhere be introduced further than half an inch. After withdrawing the probe, I once more passed my finger over the exterior surface of the

tumor, and then I could distinctly feel two small circular grooves at the base of the tumor. They were of the size of a pin's head, one located on the right, one on the left side, and about one inch and a half apart from each other. I now passed a male catheter into the bladder, and the right fore-finger into the rectum, and after turning the instrument so as to have its concavity look downwards, my finger met the point of the catheter, and so distinctly could the same be felt, that the absence of the body of the uterus in the abdominal cavity became at once evident. The physical signs thus gathered, taken in connexion with the data I derived from the statement of the patient, led to the diagnosis of chronic inversion of the uterus.

I at once proposed to have another operation performed. The patient yielded reluctantly, recollecting that two unsuccessful attempts had been made by eminent French physicians. She thus considered her disease beyond the reach of surgical skill, the more so, because more than twelve years had elapsed since the last operation had been performed. The probability, however, that a third operation would be followed by a better success than the two former ones, could not be denied. I had at my disposition not only improved methods for the surgical treatment of inversion, but, what is of more importance, the use of anesthetics.

On Sunday the 4th of March, 1860, in the presence of Drs. Jacobi, Krackowizer, Kammerer, and Schnetter, the patient was placed in the position for lithotomy, and brought under the influence of chloroform. The method which I intended to use for the reduction of the uterus was that proposed by Prof. White, of Buffalo.

The right hand was introduced into the vagina, and the entire body and neck of the uterus was firmly grasped. At the same time I carried up a large rectum bougie, and also received it into my palm, holding it firmly in contact with the fundus of the uterus. Continuous gentle pressure was made upon the external extremity of the bougie with the left hand, whilst the right hand pressed the uterine tumor. In this way, the force was directed in the axis of the pelvic cavity, putting the vagina completely on the stretch. After persevering in this effort for some time, alternately slackening and increasing the force, and changing the position of



First Step of the Operation.

Second Step of the Operation.

the fingers occasionally, I found that the tumor had not in the least altered its shape; and the tissue of the fundus, which was very soft and friable, began to give way at the point where the bougie pressed against it. I therefore attempted compression, and replacement without the aid of the instrument. This manœuvre, however, proved just as unavailing as the first trial. Almost discouraged by these fruitless efforts, and feeling that the strength of my right

arm was nearly exhausted, I was about to desist from any further attempts, when the idea struck me to proceed on a different plan of manipulation. I at once changed the position of my hand in such a manner, that the fore and middle fingers grasped the right section of the tumor; while the thumb was implanted on the left side at a point where the upper two-thirds of its length met the lower one. In this manner, a pressure was exerted by the thumb on the lateral border of the body of the womb, which pressure took an upward as well as a lateral direction, and resulted in the formation of an oblong groove, the long diameter of which pointed below towards the left horn of the uterine fundus, and upwards to the spot where the inverted and the non-inverted portion met on the left side. The object of this first step of the operation was to completely double up the uterine cavity, so that the right—now inner—wall touched the left one. After this was completed, the dimpled portion was carried upwards by the thumb, and in doing so it could be observed that the right side of the upper section of the inverted cervix passed first of all through and beyond the os uteri. During the progress of this manipulation, the right lower section of the uterine body followed, and re-assumed its normal position, while the opposite part of the fundus continued to remain outside the os, only much shortened and doubled up. As soon, however, as half of the tumor had disappeared inside the abdominal cavity, the intra-vaginal section slipped suddenly out of my fingers, and the operation was completed. The entire manoeuvre was performed in a shorter time than it takes me to give its description. The entrance of the last portion of the uterus was so complete, that I deemed it unnecessary to introduce a bougie into the restored uterine cavity, with a view of preventing re-inversion.

After the patient had recovered her senses, she felt very weak and nauseated, in which condition she continued for the next twenty-four hours. Owing to a slight feverish reaction, she was not able to leave her bed for a full week. The operation checked the hæmorrhage at once, and in its place she remarked a moderate discharge of a thin serous liquid. Three weeks after the operation, the menses reappeared, and lasted seven days, the loss of blood being considerably less severe than it had been for many years back. A year afterwards, when I saw Mrs. Reauté for the last time, the position of the uterus was unchanged; pain, hæmorrhage, leucorrhœa had disappeared, and the appearance of the patient was considerably changed for the better.

The methods hitherto employed for surgical treatment of inversed uteri are twofold. One of them attempts reduction by reinverting that portion of the uterus which was the first to protrude. It consists in dimpling the uterine fundus, and its application is restricted to the treatment of recent cases, and to those exceptional cases of chronic inversion where the os uteri is in a state of relaxation. The longest case on record that had been successfully treated in this manner, is the one reported by Barrier, where inversion had existed for fifteen months. With regard to the other method, it may be said that it justly claims the preference over the one just mentioned for the treatment of the chronic form of the displacement in question. Its object is to reduce first that portion which was the last to be inverted; it acts very much in the same way as the operation for strangulated hernia. It is generally called the French method, inasmuch as Armand, Puzos, and Leroux were its first advocates. Dr. White's and Tyler Smith's manipulations are but a modification of the original plan as laid down by the above-named French physicians.

If we consider for a moment the object which we have in view whenever we intend to remedy a case of inversion of the uterus, we find that the mechanical process, whatever its nature may be, must tend to solve the problem of pushing a longer ring of about two inches diameter, through one of a diameter of half an inch, and less. The size and location of the larger of the two are represented by the intratubal diameter of the uterus, while the smaller one corresponds with the os uteri or rather the narrowest circumfer-

ence of the cervical canal, which surrounds the intra-uterine portion of the inverted uterus. The object under consideration is accomplished whenever those two methods are applied, simply by effecting a gradual dilatation of the stricture above; the inverted portion is made to act as a wedge, either directly by choosing the French method, or indirectly by dimpling the fundus.

Now, this *modus operandi* would be unobjectionable, if the narrow inclosure through which the body of the uterus has to be passed, could always be forced upon. But this is not the case. The full strength of my arm proved insufficient, in the instance just related, to accomplish this object. Others have gone through the same experience, for we have quite a number of similar observations recorded in the medical journals of the last few years—a number of unsuccessful operations, performed by some of our most skillful and accomplished obstetricians. I therefore proceeded on quite a different plan. Instead of dilating the upper ring, it was my object to change the form and position of the lower one. To the circular intratubal disc was imparted an oblong form, the long diameter of which formed an acute angle with the horizontal axis of the uterus. Thus altered in shape, the lower portion of the body of the uterus was conducted through the narrow cervix, and instead of acting as a wedge upon the os uteri, the constricted portion itself sufficiently compressed the several sections of the uterine cavity, during their passage through the latter, so that the entire organ could be replaced to its normal position without the slightest difficulty. The great advantage of this method over those generally applied consists in the fact, that it does away entirely with the principal and only obstacle to the easy accomplishment of the operation—namely, the constriction of the os uteri; because the uterine tumor is thus so much reduced in size and brought under so favorable conditions, that only a very small portion at a time is pushed through the os. I will further mention that my method imitates the original process of inversion much more closely than any other manoeuvre hitherto employed. Dr. Oldham, I think, was the first to call our attention to the fact, that it was not at the fundus proper that inversion commenced, but rather at one or the other of its cornua—that lateral portion of it, which receives the ostium uterinum of the Fallopian tube; an explanation which has found numerous advocates among our latest obstetrical authors. In reinverting the uterus, after the plan which I have just described, the first part that enters the pelvic cavity is the right horn of the fundus, thus following step by step the manner in which inversion is accomplished by nature. Up to the present time, I have only this one instance in which the new method could be tested. Considering, however, that the displacement had existed for thirteen years, and that three attempts at reduction had failed to succeed, I believe that I am right in asserting that my operation had stood a severe test. It is well known to every one of us that inversion of the uterus is one of the rarest accidents we are called upon to treat among the several chronic diseases of the female sexual organs, for reasons too obvious to mention on this occasion. If, however, any of the members of this illustrious body should happen to meet with a case of chronic inversion of the womb, I would ask him to give this *modus operandi* a trial, in order more fully to establish its true value.

DR. JOHN STEARNS, JR., of this city, and Mr. W. H. Mitchell, medical student, in answer to a summons from the Sanitary Commission, have gone to St. Louis for active service on board Gen. Halleck's floating hospital.—*Boston Journal*.

A MEETING of the surgeons of the hospitals of New York and Brooklyn was held at the New York Hospital to make arrangements for the proper medical care of the wounded who arrive here.

DISLOCATION OF THE FEMUR INTO THE ISCHIATIC NOTCH.

REDUCTION BY MANIPULATION; DEATH FROM RUPTURE OF THE BLADDER; DISSECTION OF THE HIP.*

By JOSEPH C. HUTCHISON, M.D.,

PROFESSOR OF OPERATIVE SURGERY AND SURGICAL ANATOMY, LONG ISLAND COLLEGE HOSPITAL.

The chief interest of the following case depends upon the fact that an opportunity was presented for making a dissection of the parts injured by a dislocation of the femur backwards, after it had been reduced by manipulation.

Owen McLaughlin, a laborer, 40 years of age, while engaged in shovelling coal, was struck over the lower portion of the back, while in a stooping position, by the bucket of an elevator which fell from a considerable height, crushing him to the ground, or as he expressed it, "as far as he could go." He entered the Brooklyn City Hospital half an hour after the accident, while I was making my daily visit to the wards, with a dislocation of the right femur into the ischiatic notch. The limb was flexed upon the pelvis, adducted and rotated inwards, the great toe resting against the ball of the toe of the opposite side; it was shortened one inch. On elevating and adducting it the head of the bone could be felt on the ischiatic notch, the patient being very thin. The trochanter major of the right side was three-fourths of an inch nearer the anterior superior spinous process of the ilium than the left, and the lumbar portion of the spinal column presented the arched form described by Mr. Syme as characteristic of dislocation into the ischiatic notch. This symptom, he says, is never absent, always well marked, and not met with in any other injury of the hip-joint, whether dislocation, fracture, or bruise, and cannot be made to disappear so long as the thigh is straight or in a line with the patient's trunk. On either side of the spine, on a level with the crista ili, the parts were bruised, showing where the bucket had struck. The patient was pale, with an anxious expression and feeble pulse, which excited a suspicion that some other more serious injury had been received. The pelvis and spine were carefully examined by myself, the House Surgeons Drs. Gleason and Blasdale, and Drs. Burge, Brady, and Samuel Hart, who were present, but no fracture could be detected.

I directed free stimulation and the hot air bath, for the purpose of improving his general condition before attempting reduction, and saw him three hours subsequently. He had now reacted somewhat, and in the presence of the gentlemen before named I proceeded to reduce the dislocation by what is commonly known as Reid's method. The patient was so fully relaxed that an anæsthetic was not used. The first two efforts failed, leaving the head of the bone in the ischiatic notch; the third time, the limb being more abducted than before, the head was thrown on to the foramen ovale, and the limb presented the signs characteristic of that dislocation. By reversing the movements it was easily replaced on the ischiatic notch. It moved backwards and forwards between these two points seven or eight times with the greatest facility. The manipulations were made with care and deliberation, flexion, adduction, and abduction being varied to every possible degree, with very little pain to the patient. During these efforts at reduction the pelvis was frequently examined, from a suspicion that it might have been fractured by the blow which produced the dislocation. I now had him etherized for the purpose of applying extension with the pulleys, and in the mean time having made the manipulations upon the skeleton, I came to the conclusion that when the head of the bone was brought opposite to the lower portion of the acetabulum it might be lifted over the margin into the socket. This expedient was adopted by lifting at the knee with my hands, and the reduction was thus at once accom-

plished. The same plan, I have since learned, was adopted by Prof. Hamilton in the case of John Caswell.*

On the following day, no urine having been passed since his admission, a catheter was introduced, and a small quantity of bloody urine drawn off. This symptom and the continued prostration induced me to believe that the bladder had been ruptured when the injury was received. He died on the fourth day after the accident.

Post-Mortem.—Present Profs. F. H. Hamilton and Enos, Drs. Minor, Hart, and others.

Dissection of the Joint.—On raising the gluteus maximus a considerable quantity of extravasated blood was found beneath it; that portion of the muscle situated over the tuber ischii was ruptured, so as to make a depression large enough to imbed the tuberosity. Gluteus medius and minimus uninjured; lower edge of the pyriformis, the gemelli, and the upper portion of the obturator externus lacerated; the capsular ligament lacerated through its posterior portion to one-half of its extent; round ligament torn from the depression on the head of the bone. The head was in its normal position in the acetabulum. On flexing the leg, which required considerable force owing to its rigidity, a fracture was revealed by a loud crack, which was found to extend from the upper portion of the ischiatic notch through the acetabulum. There was no displacement, and I believe the fracture was incomplete, but was made complete by the force which was used to bend the thigh. The bladder was ruptured at the fundus; no urine detected in the peritoneal cavity. Death caused by peritonitis.

This case is the only one that has come to my knowledge where an opportunity has occurred of dissecting the hip-joint in a recent dislocation backwards, *when the head of the bone had been restored to the acetabulum before death.* The pathological condition of the joint in this case corresponds with what has been observed in the few recorded cases where dissections have been made after this accident. But it would seem probable that the injury to the soft parts here must have been increased by carrying the head of the bone repeatedly backwards and forwards between the ischiatic notch and foramen ovale.

If the pulleys had been applied, as was my intention when I directed the patient to be etherized, the fractured pelvic bones would have been torn asunder, and death must have resulted from this cause, even if the bladder had not been ruptured. For this reason, therefore, the above case forcibly illustrates the value of Reid's method of reducing dislocations of the femur, to say nothing of its availability and comparative simplicity.

DIPHTHERIA IN THE COUNTRY.

By J. H. GUILD, M.D.,

OF RUPERT, VERMONT.

HAVING recently, in this section, passed through an epidemic of diphtheria of considerable magnitude and severity, I have been constrained, for two principal reasons, to give to the profession the results of some observations upon the disease and its treatment.

In the first place, although much has been said and written upon the subject, until it has become in all probability "a drug in the market," yet it must be remembered that it is now prevailing extensively throughout the country, exciting the same interest among the profession, and the same alarm throughout the community, that it did in New York two years ago. Again it has been stated by high authority† that the disease presents a different type in the country from what it does in the city—the inflammation being of a much higher grade, requiring the prompt use of antiphlogistics before commencing a tonic and stimulant treatment.

On referring to my notes I find a record of sixty-five

* Read before the Med. Soc. of the State of New York, Feb. 1892.

* Hamilton on Dislocations and Fractures, p. 687.

† See article of Prof. Woodward in vol. II. of AM. MEDICAL TIMES, p. 15.

cases occurring under my own supervision, and six cases to which I have been called in consultation. These were all well marked cases of diphtheria—cases in which there was a diphtheritic deposit of greater or less extent. Cases of angina, tonsillitis with superficial ulcerations scattered over the tonsils, and pseudomembranous stomatitis (muguet)—all of which are so often confounded with diphtheria by the superficial observer—although numerous, were rigidly excluded, and the peculiar diphtheritic deposit made the exclusive test. Of the sixty-five cases seen in practice sixty-four recovered, and one died. Of the six cases seen in consultation five died, and one recovered.

In nearly all of the cases the febrile stage was strongly marked. The pulse ranged from 130 to 160; the cervical glands often enormously swollen and excessively tender to pressure; breath foetid; incessant expectoration of thick, tenacious, semi-transparent mucus; frequently marked cerebral disturbance, and invariably intense cephalalgia. The diphtheritic deposit in every case enveloped the tonsils, frequently extending to the pharynx, involving the nares, and occasionally appearing upon the lips, tongue, and interior of the cheek.

Finding the grade of inflammation apparently so much higher than I had been accustomed to see it in New York, the first two cases, through the advice of the consulting physician, were treated for twelve hours with calomel and ipecac in small doses. This was followed by a mild cathartic, and afterwards sulph. quinine in tonic doses with stimulants, potassæ chloras, tinct. ferri chloridi, good nourishing diet, etc., etc. They both eventually recovered after a protracted illness of over three weeks' duration followed by diphtheritic paralysis of the velum pendulum palati, partial amaurosis, and general debility, continuing for several months, and yielding only to galvanism and tonics. At the same time I was called in consultation in a moribund case which had been subjected to the same treatment.

Losing confidence in antiphlogistics the third case was placed under the plan of treatment which I had seen prove so eminently successful with Prof. A. Jacobi, and which he has so ably laid before the profession in the first volume of the *MEDICAL TIMES*.

This third case was a boy of eleven years of age. When called to see him there was a thick diphtheritic deposit completely enveloping the swollen tonsils, and crowding the uvula forward; pulse 140; face flushed almost purple; skin hot and dry, with marked cerebral disturbance, and great adenitis. Eight grains of quinia sulph. were immediately given, followed by three grains every three hours. Brandy a teaspoonful every hour. A saturated solution of potassæ chloras, acidulated with hydrochloric acid, in tablespoonful doses every hour. With each dose of brandy was mixed either sweet cream, eggs, or beef-tea. To these were added insufflations of alum and tannic acid equal parts mixed, every four hours, and externally hot fomentations with flannel cloths to the swollen glands, as hot as could be borne by the patient, and changed every five minutes. In a little less than two hours the fever declined, the pulse dropped to 120, the mind became clear, cephalalgia abated, and a profuse perspiration broke out over the whole body, continuing for several hours. There was no exacerbation of the fever, the alarming symptoms rapidly abated, and, on the fourth day, the diphtheritic exudation came off in large flakes one-fourth of an inch in thickness, leaving a healthy surface underneath, followed by no secondary deposit.

The remaining sixty-four cases, with one exception, were treated in a similar manner. If seen during the febrile stage quinine was given in large doses of from five to eight grains every six or twelve hours, for two or three days, according to the age and severity of the case. A rapid and permanent remission of the fever was the invariable result. It was then given in smaller doses of from two to three grains every three or four hours, until the diphtheritic deposit had entirely disappeared. The single exception to this plan of treatment, and the only one which proved fatal, commenced with rather more than the average mildness.

It was seen during the febrile stage (pulse 120), but through some officious interference the directions were not followed. Quinine was given in small doses, and the alcoholic stimulant entirely omitted for twelve hours. In that period the pulse advanced to 150, accompanied with an immense augmentation of the diphtheritic deposit. The child was then placed upon the same plan of treatment which had proved so successful in the previous cases, but, unfortunately, although there was some slight amendment, the lost ground was never regained, and the patient succumbed on the fifth day to an extension of the exudation into the larynx and trachea.

Of the six cases seen in consultation three had been previously treated with purgative doses of calomel and ipecac, followed by tonics and stimulants, two had been mistaken for mild tonsillitis by the attending physician, who had never before seen a case of diphtheria, and treated accordingly. They all died. The remaining one was seen early, and the plan of treatment adopted which had proved so successful with me, and the child recovered.

From a careful examination of the foregoing cases, and a comparison of them with numerous cases in the adjoining towns which have terminated fatally under antiphlogistic treatment, I am led to the following conclusions:—That calomel in the treatment of diphtheria is unnecessary at least, if not positively detrimental. That quinine is invaluable, and, to have its full effect in the febrile stage, should be given in doses of from five to ten grains twice a day. A rapid diminution of the fever invariably follows, with no exacerbation the ensuing day. In those passive cases without febrile reaction, and which generally prove the most dangerous, I have found a better effect from it given oftener and in smaller doses, but never less than from ten to twenty grains daily. The albuminuria, which commences generally from the fourth to the eighth day, and so often proves fatal, can be, as first stated by Prof. Jacobi, effectually controlled by the effect of tannic acid, which, at the same time, produces a fine local effect upon the diphtheritic deposit. I attribute to its free use the recovery of at least twenty of the cases above reported. One, a child of two years of age, had diphtheria for five days when I saw it. There had been urodialysis for the last twenty-four hours, and the child was then suffering from uræmic convulsions. The hot bath gave temporary relief, and was followed by three grain doses of tannic acid every four hours. A restoration of the suspended secretion within twenty-four hours was the result, and the patient recovered. The local use of all caustics, and especially the argent nit., is of doubtful utility, from the difficulty of applying it to the seat of the disease, owing to the œdema of the tonsils and uvula, and the protection afforded to the hyperæmic tissues by the diphtheritic exudation. Insufflations of alum, as recommended by Trousseau, combined with tannic acid, were alone relied upon for that purpose. Again, an external application of flannel cloths, wrung out in hot water, as hot as can be borne by the patient, and changed every five minutes, will subdue the cervical adenitis quicker and more effectually than any other external application. They are very soothing and grateful to the patient, the writer having repeatedly seen little children, after two or three applications, importuning the nurse to change the cloths more frequently. That alcoholic stimulants are imperatively demanded from the very outset of the disease, both for their stimulating effect and their action upon the skin. They should be given in small quantities frequently repeated. In those passive cases without marked febrile disturbance the quantity should be increased. That potassæ chloras, as usually administered in the country, is given in too small a quantity, and should be administered to the amount of from one to two drachms daily to obtain its specific effect; and that its combination with hydrochloric acid will usually be well borne, and prove of great benefit, when the tinct. ferri chloridi is inadmissible from the irritation it produces. Above all things the most nourishing diet from the very commencement is absolutely required. Sweet cream, or eggs,

should be mixed with the alcoholic stimulant, strong beef-tea, oysters, chicken broth, etc., administered freely. The wishes of the patient are to be no criterion to the nurse in the article of diet. From the difficulty of deglutition the patient will generally object to food as well as medicine. In such cases liquid food in liberal quantity, and that of the most nourishing kind, must be insisted upon. Through its influence alone I have seen patients rally and finally recover, after the friends had given up the case, and even a *mother's* faith and love had failed to find a ray of hope.

EPIDEMIC PUERPERAL FEVER IN BELLEVUE HOSPITAL.

By FRANCIS R. LYMAN, M.D.,

HOUSE PHYSICIAN.

PERHAPS there is nothing in medicine more clearly proven than the fact, that puerperal women collected in great numbers in the wards of hospitals are liable to epidemics of child-bed fever. Again, it has been noticed that these epidemics recur at certain seasons of the year. For instance, in examining the records of Bellevue Hospital, from 1847 to 1862 inclusive, such an epidemic has been found to have occurred every March. During the existence of these epidemics, the depressing influence of the zymotic cause has been found to affect the tone of all the patients; and their liability to mammary abscesses, and all the various inflammations of the puerperal state, has been greatly increased.

It is for the purpose merely of recording one month's observations in the lying-in wards, in regard to the latter point, that this short communication is written. At the first of March, 1862, there were thirty-five patients in the lying-in ward to forty-three beds. One of the patients was suffering from an attack of metro-peritonitis (puerperal). From the first to the tenth there were seven women delivered. Of them, two were transferred to the medical wards, one laboring under a phlebitis affecting the veins of the left leg, associated with metro-peritonitis; the others having an ovaritis. Of the remaining five, none were excepted from having a chill; in some cases repeated with all the symptoms of approaching puerperal fever.

Morphine was administered, in some instances very freely, to control the inflammatory tendency, and the patients were all placed upon quinine with nourishing diet. Quinine was given to every patient who manifested the least unfavorable symptom, and they were very few who did not require it.

The wards were thinned of their patients by transfers and discharges, and those which held the suspicious cases were thoroughly ventilated and cleaned, the beds taken out and replaced by fresh ones. From that date (the 12th), the influence of the poison seemed to have been destroyed. The patients affected continued to improve, and are now all convalescing.

But the most marked result wrought by these sanitary changes, was in the cases of mammitis. In the convalescent and lying-in wards on the 12th March were six cases of simple phlegmons of the breast, supra-glandular inflammations. These patients were all placed upon quinine, ale, and good diet, by order of Dr. Barker, with the ordinary local applications, ext. belladonnæ, etc., etc. Only two of the cases went on to suppuration, and the abscesses were both opened on the 28th March. A local phlebitis was present in two cases, both of which did well on the treatment indicated above. The patients continued to improve under the tonic plan of treatment, and by the first of April there was no longer any sign of puerperal fever, and there were but three cases of mammary abscess, one of these having come in from the street. The patient with phlebitis and metro-peritonitis died, and the autopsy showed the usual lesions.

DRS. WM. DETMOLD, Thomas M. Markoe, and Chas. D. Smith, of this city, of the Volunteer Corps Surgeons from this State, have been ordered to Fortress Monroe.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, March 5, 1868.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. NOEGGERATH'S PAPER ON INVERSION OF THE UTERUS.*

DR. B. FORDYCE BARKER said:—I have occupied lately so much of the time of the Academy in discussing another subject, that I feel some hesitation in speaking on this, but as the paper we have just listened to is one of great value, and one in which any of us may be called to feel a personal interest, I will take the liberty of alluding to some practical points connected with it. Although inversion of the uterus is a very rare accident, not occurring once among one hundred and forty thousand labors in the Dublin Lying-in Hospital, and in the London Maternity Charity, yet it is liable to occur to any one. In the *Trans Med. Soc. of N. Y.*, Dr. Bissell, of Utica, reports three cases which he met with. I have seen five cases, the prominent cases of which I will presently allude to. Dr. Williams, of Manhattanville, informed me that he had seen four. The first question which arises is—What is the cause of this accident? This is a practical question, which may come home to any of us. Two or three years since, a case of great medico-legal interest was tried at Chicago, based on this question, involving a sum of \$20,000. Probably, most of the leading obstetricians of the country were consulted by the counsel of one or the other party, as to the point whether inversion ever occurred, except from improper traction of the cord, or some other neglect or malpractice of the midwife or accoucheur. Undoubtedly, a great variety of opinion was given; and in stating my own convictions, I think I but express the general sentiment of the profession, which has resulted from a careful study and analysis of the accumulated experience upon the subject, viz. that it does in a very large number of cases occur spontaneously. I will go further and say, that it is doubtful whether it ever arises from traction of the cord. Physicians have been repeatedly unjustly accused of causing this accident by improper management of the case. In three of the cases I have seen, this certainly could not have been the fact. I will detail three cases somewhat minutely, for the purpose of illustrating certain points which I shall presently speak of. The first case I saw some sixteen years since, and the inversion had then existed for three years. It was in this case supposed to be due to traction of the cord, as the history given was that the physician who attended her was intoxicated, and pulled very strongly upon something, asserting, after her delivery, that another child remained behind. You know, Mr. President, that at that date there were but two alternatives in cases of chronic inversion of the uterus—either to submit the patient to the danger and shock of extirpation of the uterus, or to leave her in a broken-down miserable condition, probably to die sooner or later from the exhaustion resulting from the accident. In my case I proposed the former as offering a chance, but I was obliged to say that also there was a strong probability that death might result from the operation, and the patient and her husband decided not to submit to it. Some four years later I heard that she died from exhaustion and dropsy.

The second case occurred at West Farms, in this State, in 1852. I had engaged to attend the patient, a primipara, at the time of her confinement. But her labor came on unexpectedly, and was very rapid. Her brother-in-law, a physician from St. Louis, was visiting her at that time. The child was still-born, and the attention of the physician was occupied in measures directed for the resuscitation of the child (the cord had been cut, and the child removed

* See page 230.

from the bed), when the nurse exclaimed, "Mrs. — has fainted," and her appearance was such that he at first supposed her to be dead. On examination he found that profuse bleeding had occurred, and that a mass, which he found to be the inverted uterus with the placenta attached, was protruding from the vulva. He pushed it back into the vagina, and the hæmorrhage ceased. Stimulants were given freely, and I was sent for. It was twelve hours after the accident that I saw her, and she had then rallied from the collapse. I peeled off the placenta with a good deal of difficulty, and finally, having brought the patient under the influence of chloroform, I succeeded in repositing the uterus, and she made a good recovery. In this case I have the testimony of the physician, nurse, and patient, that there was no traction on the cord, which was twenty-six inches in length, and not wound around the neck of the child. Before alluding to the other cases which I have seen, I will remark on one or two points referred to by the author of the paper that we have listened to this evening. At a meeting of the State Medical Society, some three or four years since, I had a conversation on this subject with Dr. Quackenbush, Professor of Obstetrics in the Albany Medical College, and I was so much interested in his, to me, novel views, that I moved the appointment of Dr. Q., to read a paper on the subject at the next meeting of the Society. In this paper, which has been published in the *Trans.* of the Society, Prof. Quackenbush has failed to express his views with the same clearness and force as he did to me in private conversation. In brief, his views were, that inversion of the uterus rarely commenced by a dimpling in of the fundus, but at the cervical portion of the body of the uterus, just at the junction of the body with the neck; that is, in other words, at the os internum, and that this organ is gradually inverted from this point upwards to the fundus. Now, if we reflect that the neck of the uterus and the body of the uterus are anatomically and physiologically two distinct organs; that during gestation the whole tissue of the cervix becomes softened, a softening entirely distinct from any such change in the muscular walls of the body of the uterus; and that this softening of the cervix remains for some time after parturition, when ordinarily the body is firmly contracted, I think that it will be seen that this opinion rests upon a sound physiological basis. I think this will explain those cases where the inversion has apparently gradually been developed some days after parturition, and I do not see how they are to be explained in any other way. At any rate, my own experience has convinced me that the organ can be repositied by gradually reinverting it at the cervix uteri, when it cannot be done by reinverting at the fundus. In illustration of this fact I will mention a case that I saw in Brooklyn in consultation with Dr. Byrne and Dr. Dudley, where it was impossible that traction of the cord or any improper treatment could have been the cause. I saw her the eighth or ninth day after her confinement. The inversion was developed four days after delivery. She was brought under chloroform, and I found it utterly impossible to reposit the organ by any pressure to reinvert the fundus. But, finally, by strongly compressing the body at this junction of the cervix, and pressing upwards, I succeeded in restoring the organ, and I have learned from Dr. Byrne that the patient perfectly recovered. Another case I saw at Manhattanville, a patient of Dr. Williams, after her fifth confinement. The first stage of the labor had been very tedious, lasting some forty-eight hours, not severe, but the pains were just sufficient to deprive her of sleep and rest. Dr. Williams left her for a half hour to visit another patient in an adjoining house, the cervix at this time being not fully dilated. On his return he found the child in the bed just delivered, the woman flooding profusely, and the uterus inverted with the placenta attached. He separated the placenta, and attempted to reposit the organ, but only succeeded in pushing it back into the vagina. The hæmorrhage ceased, but returned again the third day afterwards. Dr. Williams made many attempts to reposit the uterus, but they were

unsuccessful. I saw her on the fourth day after the accident; she was then so exceedingly prostrated by the repeated and profuse hæmorrhages that we did not dare to give her chloroform, but we gave her instead a grain of morphine. In this case I also endeavored, unsuccessfully, to restore the organ by dimpling in the fundus. I eventually succeeded by a similar procedure as in the former case. I must say, however, that it was the most fatiguing and difficult obstetric operation that I ever performed. This patient, also, perfectly recovered. In conclusion, I will say that this case, which we have listened to in the very interesting and valuable paper of Dr. Noeggerath, adds another proof to the cases of Dr. Smith, of London, and Prof. White, of Buffalo, in one of which the inversion had existed twelve and the other thirteen years, that the resources of a may prove successful in restoring the organ under those circumstances, where formerly it was regarded as justifiable to subject the patient to the great danger of the operation by extirpation of the organ.

Progress of Medical Science.

PREPARED BY E. H. JAMES, M. D.

STRICTURE OF THE URETHRA.

At a meeting of the Pathological Society of London, the proceedings of which are published in the *Med. Times and Gazette*, MR. BARNARD HOLT exhibited a strictured urethra showing the results of forcible dilatation after death. "The patient, who was known to be suffering from severe stricture of the urethra, died in the Westminster Hospital of fever, and the opportunity was taken to introduce Mr. Holt's "stricture dilator," post-mortem, and to slit the stricture precisely as it would be done in the living body, with the view of examining the effect produced by the operation. The urethra having been carefully removed and opened, showed a longitudinal rent in the mucous membrane and sub-mucous tissue of the floor of the urethra, corresponding to the situation of the two strictures which had existed, but the vascular tissue of the corpus spongiosum was uninjured. Mr. Holt remarked that the appearance corresponded exactly to those he had always imagined, but he had not had an opportunity of ascertaining, owing to the uniformly favorable results of the operation. Mr. Henry Thompson said he had had an opportunity of closely examining the specimen, and of witnessing the performance of the operation in several cases, certainly with the best results, but he still doubted whether the stricture was really torn, and thought that it was rather the healthy tissue that gave way. Mr. Holt replied that, as the calibre of the urethra was restored in all cases, he presumed that the stricture was split, and as Mr. Thompson himself said that the stricture was commonly at the lower part of the urethra, he considered it highly satisfactory that the rents should be found in that situation in the specimen. In answer to Mr. Hutchinson Mr. Holt said that his patient had never suffered from abscess in the perineum."

SYPHILITIC MALFORMATION OF TEETH.

MR. BARWELL exhibited a cast of the teeth from a syphilitic child, upon which Mr. Hutchinson remarked that "he did not believe one tenth of the cases of malformation of the teeth which came under notice had anything whatever to do with syphilis. The malformation which was diagnostic of that disease was a special, very peculiar, and comparatively rare one. It consisted of dwarfing and notching of the central incisors of the upper set. If this condition of the pair of teeth were not present, all other deformities should count for nothing. He had met with no single case tending to shake his confidence in the value of this condition as a reliable symptom. On the contrary, all recent observations had tended to confirm it. It was, however, a con-

dition which varied in degree, and which required some practice in its appreciation. In many cases of hereditary syphilis the teeth were but little malformed, and in some they might even escape altogether. He believed that the malformation was due to inflammation of the dental structures at an early period of infantile life. If a syphilitic infant escaped an attack of stomatitis the teeth would probably escape malformation, just as if, should no inflammation of the nasal passages occur, the nose would escape the deformity, which is usually so marked in those children. He had many opportunities for seeing families of syphilitic children, and had always found the malformation of teeth most marked in the eldest, and becoming gradually less so in the younger members. He would venture to add, as a precaution, that those peculiarities were never met with in the first set of teeth, since many mistakes had come to his knowledge in consequence of inattention to this fact."

AN EPIDEMIC CHECKED.

"A remarkable proof of what may be done in removing causes of disease by careful supervision and skilled medical direction, has been afforded at the Central London District School. The children at that school were, as we stated lately, suffering most extensively from defective domestic arrangements. Putting aside some minor causes of complaint, they were the subjects of an epidemic affection of the eye. Upwards of a hundred of them were so affected. Mr. Haynes Walton was called into consultation as an ophthalmologist of scientific reputation, and decided that the affection was catarrhal ophthalmia; that the dust of the court-yards, and other conditions brought under review, were not the causes of it, but that it was due to an injudicious method of ventilation. Over the head of each bed was a great hole, through which the air was constantly renewed; and thus each child was continually exposed, when lying in bed, to a direct draught of cold air. The result was almost universal catarrhal ophthalmia. These holes he advised to be stopped up, and other methods of ventilation introduced as a substitution. The result has been that ophthalmia has disappeared from the school, and so completely, that a recent committee have intimated a doubt whether it ever existed. This is just one of the instances of the useful preventive functions which medical men may be called to fill; great good would result if public institutions were more thoroughly and generally supervised in this way."—*Lancet*.

American Medical Times.

SATURDAY, APRIL 26, 1862.

HOUSEHOLD HYGIENE.

ONE needs but to use his eyes in a promenade along Broadway, that great artery through which courses incessantly the vast and brilliant life-current of the Metropolis of the western world, to be convinced of the great improvements which a few years have produced in the thousand things pertaining to the *Health*, as well as the luxury and comfort of mankind. The shop windows of that thoroughfare constitute a museum, of at least five miles in length, of things elegant, things curious, things wonderful, and things useful, where one may saunter for hours, and find both pleasure and profit in the most extraordinary collection of the animate and inanimate attractions that the world can produce. As a *picture gallery* it can hardly be said to have its equal. The most refined and attractive productions of the easel are

there displayed with an abandon of cost, so to speak, indicative of the highest culture of the art; while the competing powers of the *sun painters* are put to their highest tension to excel in their peculiar line. There we realize the true refinements of civilization, and but for the noise of the thousands of omnibuses, carriages, carts, and vehicles of every description, which a horse-railroad would greatly alleviate, it would have no drawback as the most inviting promenade in the world.

This allusion to an apparently unprofessional subject (though in truth everything that influences the condition of mankind is worthy of professional notice) is in consequence of our attention having been attracted to the display in the shop windows of several articles bearing a direct relation to the question of human health, in connexion with what we have designated in our caption as **HOUSEHOLD HYGIENE**.

There are two things greatly to be desired in this relation, especially in city life, for the promotion of general and individual health. They are, 1st. Relief from the *drudgery* of household labor, and the evils flowing from unintellectual occupation and bodily fatigue; and 2d. Agreeable inducements to increased physical exercise, especially among children and adult females.

After a recent walk along this remarkable avenue we memorized together a group of objects having a direct relation to human health, and have thought them worthy a more permanent record, for the benefit of our professional readers, and through them the families under their care.

Doubtless the most remarkable of the inventions falling under this classification is the *Sewing Machine*. This has come to be so essential a part of the household that no one who can will fail to possess one of some of the numerous patterns, or "stitches," for by that they are technically distinguished. Who can calculate the extent of the blessing brought by this beautiful invention in the households of the land? Time, money, and health are all saved by it, and had Hood been born a few years later his "Song of the Shirt" had never been written, while even now his ideal of "fingers weary and worn" lives only in the memory of a few, so completely has the "machine" revolutionized that branch of human, and especially female, labor. The piano gives no more agreeable sound to our ears when we enter a patient's house, than the gentle whirr of a busy Wheeler & Wilson, a Finkle & Lyon, a Grover & Baker, a Singer, or any other of the numerous claimants to popular favor. Even the Japanese, it seems, have learned to appreciate it, and, according to MINISTER HARRIS, they will soon imitate its manufacture, from which no patent can bar them. Within three or four squares may be counted a dozen windows beautified with the indications of comfort and health, the products of this new creation of American genius.

One of the most disagreeable things we have to encounter in a dwelling, even the most elegant and well kept, is the volume of *fine dust* which continually pervades the air. Every brush of a dress against the furniture, every act of sitting, every movement of a chair, every book taken from a shelf, and every tread upon the carpet, raises a cloud more or less dense, and which, in our universally unventilated apartments, becomes in process of time increased and concentrated to a degree which is positively oppressive to the senses, and injurious to the health. Then, again, the manner of cleansing the carpets and furniture is generally

such as to aggravate the evil. Biddy, to whom this important work is usually committed, goes at it with windows closed, or at most opened on one side only, so that no breeze can get through the apartments, and having no idea of ventilation, or any fear of consumption or asthma, first whisks her broom over the carpet with her strong arms, raises an opaque fog which, having no means of escape, settles again upon everything, permeating every crevice, even through the coverings of the sofas and chairs, whence every tap of a finger will reproduce it. The sweeping being over, and the fog somewhat settled, then comes the operation of *dusting*, which is supposed to mean a removal of the offensive stuff from the apartment; but by the feather duster the evil spirit is only raised again, to be redistributed, and driven in greater quantities into the cracks and crevices of the furniture. It is a fair estimate that of this dust nine-tenths come from the woollen carpet, that item of luxury, which, while it is an evidence of a higher civilization, is equally a deteriorator of health, on account of its peculiar power of holding dust, and increasing it by its wear, to be raised by every footfall and every touch of the broom. Hence, since carpets we must have, in obedience to fashion's dictates, any invention calculated to counteract in any degree the evils alluded to, of the dust from sweeping them, we should hail as a sanitary boon. Such an one has been attempted in the form of the "Carpet Sweeper," by which it is claimed that no dust is raised, it all being thrown into a tight box as the instrument is pushed or drawn over the floor. The idea of the "Carpet Sweeper" is, therefore, entitled to a decided rank among the promoters of Household Hygiene.

Of the numerous insanitary evils incident to city life there is none greater than the restraints imposed upon bodily exercise, especially in the open air, chiefly owing to the want of opportunities. Unlike the rural districts, where all nature invites to free action of limb and lung, amid trees jocund with song of birds, or over fields of scented clover, unchecked by conventional formalities, the city presents scarcely an inducement to physical exercise, beyond a funereal promenade along the crowded marts, or a ride by carriage or horseback in a manner as carefully guarded as propriety as if always going to church. Even the healthful parlor sport of battledore and shuttlecock, and that of the "Graces," are precluded, since the general introduction of gas chandeliers, which check the flight of the winged messengers. So also trundling the hoop, and skipping the rope, are environed with difficulties which prevent them in a great degree. The obstructions to exercise are responsible for no inconsiderable portion of the enfeebled, delicate, and hyper-nervous organizations and abbreviated lives of the upper and middle classes. Any inducement to bodily exercise, especially in open air, should therefore receive the encouragement of both physicians and the families of their patients. We hail with great satisfaction, on this account, the renewal of the popularity of the elegant exercise of *skating*, a fact chiefly due to the exertions of the Cental Park Commissioners, in preparing and keeping in order two fine skating ponds. As this is, however, available for a small fraction of the year only, we have been gratified to notice an invention for furnishing our young men and maidens with the means of skating *all the year round*. The *Thaler Floor Skates* accomplish this to perfection. Seeing in a shop window a few doors above our publication office a number of these skates for sale, we

stepped in one day, and were invited into a large hall in the rear, to witness the capacity of the instrument, and we confess our surprise and pleasure at the display made by a few young experts. With this skate the "spread eagle," "locomotive," "toe and heel," "grape vine twist," and every other evolution possible with the common ice skate, may be performed with perfect safety and facility. It is one of the happiest substitutes for the old abandoned games we can conceive of, making a delightful and attractive home amusement, affording beneficial exercise and recreation for young and old. Every muscle of the frame is brought into action by this exercise, with a feeling of security against accident which is not found on the ice, so that even in winter, except for the out-door exposure, this mode of skating must, in many cases, have the preference.

We may recur to this subject at a future time, as there are other matters of interest bearing upon the important question of HOUSEHOLD HYGIENE.

THE WEEK.

We may well congratulate the medical staff of the Army, and the profession of the United States, on the passage of the Medical Reform Bill through Congress. In multitudinous ways this deplorable war is destined to renovate our military as well as civil institutions, to place them on a firmer basis, and give them that scope and effectiveness essential to the discharge of the full measure of their duties. This war found the Medical Department of our Army with almost precisely the same organization that it has had for nearly fifty years, the army during that time rarely exceeding 17,000 men. Although the Department was capable of considerable expansion, it was quite impossible, with the small force at its command, to meet the immense demand suddenly made upon its resources. We do not here allude to material aid to our Army, for its power of obtaining supplies is, we believe, unlimited; but to that personal supervision of the details of the medical affairs of the army which alone could render its power effective. The defects in the Department were brought out in bold relief by the organization of a large army, and to none were they so palpable as to the Sanitary Commission, which has, by its well directed efforts, supplied those constant and pressing wants which the Department seemed powerless to meet. To the Sanitary Commission, the country owes a debt of gratitude, not less for its persistent and finally successful effort to reform the Medical Department, than for its ceaseless activity in supplying the necessities of the soldiers. The Department is now placed on a scientific basis, not inferior to that of England and France, and from its reorganization we anticipate that efficiency which will so commend itself to the Government that no other changes will take place, other than such as will enlarge its powers of usefulness.

Briefly, the Medical Bureau has gained these points:—

1. A larger and more effective force; besides an addition to the force of the staff, it is now to have a special department of Sanitary Inspection, with a sufficient corps of officers to place our entire army under the constant sanitary surveillance of the Medical Bureau.
2. An increased rank, the Surgeon-General having now the rank of a Brigadier-General.
3. Finally, selection of the highest officers according to merit, and not the old effete system of succession by seniority, which was ever liable to place at its head a man incapacitated by age.

We are aware that there are members of the regular staff who are not altogether satisfied with these changes; but we believe no one who is conscientiously desirous of the highest degree of efficiency in the medical department will hesitate to acknowledge that, however his own status may be affected, the department itself has undergone a reorganization, which not only the exigencies of the times but modern military science requires.

Relying upon that judicious selection of officers which the PRESIDENT and SECRETARY STANTON are so well qualified and so determined to make, we confidently anticipate for the medical department of our Army a career of usefulness and efficiency unparalleled by the best foreign military medical organizations.

We learn through the public prints that WILLIAM A. HAMMOND, M.D., has been selected by the PRESIDENT as SURGEON-GENERAL of the U. S. Army under the recent reorganization of the Medical Department. The profession will hear of the confirmation of this appointment with the most sincere gratification. No man could be selected, who so happily combines in his professional relations the confidence and esteem of both the Medical Staff of the army, and the profession of the country, as Dr. HAMMOND.

A native of Maryland, but long a resident of Pennsylvania, Dr. HAMMOND entered the army as Assistant-Surgeon, June 29, 1849. He remained in the army until 1860, when he resigned his commission, and soon after accepted the chair of Anatomy and Physiology in the University of Maryland, Baltimore. He also became an associate editor of the *Maryland Medical Journal*. On the breaking out of the rebellion several of Prof. HAMMOND's associates espoused the cause of the rebels, while Prof. H., true to his country, showed his active sympathy for her success in that dark hour of trial, by again entering the Regular Medical Staff.

During the first period of service on the Staff, Dr. HAMMOND occupied important and most laborious positions on our frontier; and that he was an acute observer, an efficient officer, we have abundant evidences in the valuable reports which he communicated from time to time to the Medical Bureau, and which have since appeared in the Reports of that Department. His contributions to periodical medical literature were also numerous and valuable. To the profession at home and abroad Dr. HAMMOND is best known by his physiological writings, which have placed him in the front rank of experimental physiologists. To our immediate readers he will be remembered as the author of a course of lectures on chancre, which appeared in the early numbers of the last volume of the *MEDICAL TIMES*, and which attracted much and deserved attention.

If Dr. HAMMOND is now elevated to the responsible and honorable position of Head of the Medical Staff of our Army, we believe he will have the cordial sympathy and support of his professional brethren, in both civil and military life.

We learn that Government has selected David's Island, near New Rochelle, East River, about twenty miles from New York, as a site for Military Hospitals. The grounds are in course of preparation, and the buildings being erected will accommodate from fifteen hundred to two thousand patients. The hospitals will be in charge of E. LEE JONES,

M.D., of this city, a gentleman who will bring to the discharge of his duties a large experience in hospital management.

In another column we have inserted the order of GEN. HUNTER, relating to the sanitary regulations of his department of the South. A more complete code of Health Laws could not well be devised. They emanated, in whole or part, we believe, from the Sanitary Commission. We deem it most fortunate for our troops who are to pass a part of the coming season in that malarious district, that they have a commanding officer who believes that disease is more to be feared than an enemy, and who acts upon the principle that prevention is better than cure.

Reviews.

COURSE OF LECTURES ON THE PHYSIOLOGY AND PATHOLOGY OF THE CENTRAL NERVOUS SYSTEM, delivered at the Royal College of Surgeons of England, in May, 1858, by E. Brown-Séquard, M.D., F.R.S. 1860. Philadelphia. J. B. Lippincott & Co.

LECTURES ON THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS OF PARALYSIS OF THE LOWER EXTREMITIES, by E. Brown-Séquard, M.D., F.R.S. 1861. Philadelphia. J. B. Lippincott & Co.

(Continued from page 227.)

In the treatment of chronic myelitis the following are the means to be employed:—

1. If possible the patient should never lie on his back, but flat on the abdomen, so as to diminish by the effect of gravitation the amount of blood in the spinal cord.

2. Those means that may attract blood outside of the spinal canal should be used as often as possible. The best of them is a hot douche between 98° and 101° Fahr. to the spine. The cold shower bath, if immediately after it the spine be rubbed with a flannel; dry cupping applied daily, blisters, moxas, cauteries, etc., are also useful. These local revulsives are to be preferred when myelitis is caused by a caries or other organic affection of the cord.

Internally belladonna and ergot are the most powerful remedies to diminish the congestion of the cord. In the beginning ergot alone is given internally; belladonna being externally applied in a large plaster (four by six inches) over the painful spot of the spine. The dose of powder of ergot is gr. iij. twice a day, gradually increased until it reaches gr. vj. twice a day. If there is no marked improvement in a few weeks $\frac{1}{4}$ or $\frac{1}{2}$ gr. ext. belladonna is then administered twice a day. If with these means the patient does not get better, five or six grains of iodide of potassium twice a day, are added to the preceding remedies. Iodide of potassium should be used together with ergot and belladonna from the beginning, when meningitis and myelitis accompany each other.

Sloughs of the sacrum and nates are prevented or stopped by alternate application of ice, and a warm poultice as before mentioned.

Shampooing, galvanism, the use of the flesh-brush, and a warm foot-bath every night (when there is no cedema), are the means to prevent alterations of nutrition.

Nephritis or cystitis, when occurring, should be treated energetically. The bowels must be kept open—opium and other narcotics producing constipation should be avoided; in case of sleeplessness hyoscyamus is the remedy to be preferred among those generally resorted to.

As regards dietetic rules they are the same as in reflex paraplegia.

The treatment and prognosis of paraplegia due to chronic meningitis are nearly the same as in chronic myelitis.

However, blisters ought to be the principal means in cases of meningitis, one applied every fortnight. Iodide of potassium, gr. vj. twice a day, is to be preferred to ergot and belladonna, as it is one of the most powerful agents to determine the absorption of fluids effused in the cranio-vertebral cavity, either out or in the substance of the nervous centres. It is the only known remedy that may be employed without danger in the various forms of paralysis. It has, more than mercury, the power of producing the absorption of effused fluids in the vertebral canal, and decidedly it is less depressing than mercury. It is especially useful, too, in white softening due to fatty degeneration of the blood-vessels in the spinal cord. If the effusion attending meningitis be considerable, diuretics should be used in conjunction with iodide of potassium. The prognosis of paraplegia from congestion of the spinal cord is not so unfavorable as that of myelitis or meningitis. The same directions as in these latter are to be observed in the treatment of spinal congestion.

Treatment of paraplegia due to white softening.—Iodide of potassium is the principal of the remedies that may be relied upon; five grains of it mixed with equal dose of sesqui-carbonate of ammonia in a decoction of cinchona bark, or an infusion of calumba or rhubarb. The mixture ought to be taken an hour before meals to avoid the decomposition of the iodide by the gastric juice, and the setting free of the iodine, which causes a gastric disturbance, erroneously attributed to the iodide itself. Jointly with iodide tonics may be employed. Strychnia should be of service in cases of slight paralysis, though it may prove unfavorable if the paralysis be complete, on account of the congestion easily determining a rupture of the altered blood-vessels with hæmorrhage in the spinal cord. The cold shower bath applied to the spine is an excellent means of improving nutrition of the cord; besides, the patient should lie flat on his back at night, and live upon most nutritious food, drink wine or beer in a moderate quantity, and take as much exercise in the open air as possible, without, however, exhausting his diminished power of motion. Shampooing and galvanism may be applied with profit to the paralysed limb.

No difference is to be made in the treatment of paraplegia due to hæmorrhage in the spinal cord, unless that:—1st, Three doses of iodide of potassium, instead of two (of gr. v. each), ought to be given every day; 2d, Strychnine ought not to be employed; 3d, Constipation, lying down on the back, and all other causes of congestion of the spinal cord, should be carefully avoided.

As regards the treatment of hæmorrhage in the vertebral canal:—1st, All the most active means usually employed in the various cases of visceral hæmorrhage should be at once made use of; 2d, The patient should be placed in bed on one side, and not on his back; 3d, Pounded ice should be applied, in bladders, all along the spine; 4th, If the patient survives several days, the same treatment as is above prescribed for cases of hæmorrhage in the grey matter should be employed.

We cannot finish our quotations without calling the reader's attention to the diagnosis and treatment of paraplegia due to a tumor of the spinal cord. According to the seat of the tumor there are symptoms of disease of the heart, the lungs, the walls of the chest, of the abdomen, lumbago, neuralgia, etc., depending upon the irritation of the roots of the nerves supplying these different organs. In the beginning there is local pain at the place of the tumor; the disease progressing there is frequently myelitis, and sometimes meningitis, with all their attending symptoms. When no inflammation is produced by the tumor the symptoms are very much alike to those of white softening, except that there is a local pain in the spine, and the effects of irritation of the nerves originating in the place where the tumor lies. The phenomena change according to the part injured by the tumor, being altogether the same ascribed to alterations upon the different columns or the grey matter of the spinal cord. But a very interesting

symptom is the loss of the power of guiding the movements in the limbs, observed when the tumor presses upon the lower extremity of the spinal cord on its posterior surface. In this case, *so long as the patient can see them*, the movements of the limbs are possible; but as soon as he does not look at them, or in the dark, he cannot move them, and if standing is at once in danger of falling down. Such condition depends upon the alteration of some of the posterior roots of nerves, and of the posterior white and grey parts of the spinal cord, producing partial anæsthesia of the skin and muscles of the feet and legs. Epileptiform convulsion and even real epileptic fits have been observed with a tumor in the spinal cord. The cachectic condition of the patient may serve to distinguish whether the tumor is of cancerous, tubercular, syphilitic, or any other nature.

Local myelitis and meningitis in the cervical or in the upper part of the dorsal regions give rise to pretty much the same symptoms as a tumor in the spinal cord; but in meningitis so localized, it will be, however, a loss of reflex power in the lower limbs, the contrary being observed in case of a tumor. The diagnosis remains quite difficult between a tumor in the lumbar region and meningitis in this same part. However, there are more spasms in the muscles of the limbs in case of a tumor, and more in muscles of the back in case of meningitis, otherwise presenting an acute beginning and inducing a paralysis that would soon extend upwards.

The treatment of paraplegia from a tumor in the spinal cord consists:—1st, In avoiding the congestion and tendency to inflammation by the means employed with myelitis: 2d, If the tumor be syphilitic large doses of iodide of potassium shall be the principal remedy; gr. v. taken thrice a day, for at least six months. In such cases, against the pain aconite should be employed externally and internally (from v. to x. ℥ of the tincture a day) rather than belladonna. Ergot should be likely used as in other cases of tumor. In tubercular cachexia cod-liver oil will be resorted to. The diet must be nourishing, the patient ought to take exercise in the open air, and lie down in bed on one side of the body, and not on the back. His appetite and digestion ought to be carefully watched, and kept right by tonics, aperients, etc.

Although sufficient to show the value of the work, yet the cardinal points brought before the reader are far from being all those treated in the two volumes recently published by Dr. Brown-Séquard. Indeed, facts, instead of theory, shall finish with doubt in Medicine, and the illustration of this great truth strikes us on perusing the interesting lectures of the eminent physiologist; pregnant with the most positive researches, they throw an entirely new light on the obscure pathology of the nervous system. But, besides so manifold questions already investigated in such an immense and rugged field, many others equally important remain yet unsolved. Undoubtedly, new observers may enter the path now opened, achieving ere long more progress; whilst the untiring love for science and vigor of Dr. Brown-Séquard, and the exceptional opportunities to prosecute his inquiries, afforded by the appointment he holds at the head of a special hospital for nervous diseases in the largest metropolis of the world, give us also the hope of having his further observations and clinical results on a subject with which his name goes so intimately connected.

M. G. E.

Obituary.

DR. JEREMIAH BURRITT PIERCE.

DIED, April 10th, Dr. Jeremiah Pierce, aged 72 years. Duty to the honored dead, justice to the profession, and the common sentiments of humanity, demand that the termination of the earthly career of this useful citizen, this ornament to

society, this able physician, and this "noblest work of God, an honest man," should not be without a becoming record.

Dr. Jeremiah Burritt Pierce was born in the city of Troy, of this State, about the year 1790. Like the great majority of boys of that day, his advantages for education were limited to English and lower mathematics. At about the age of eighteen he entered the office of the late Dr. Burritt of his native city, as apprentice and student in medicine. His natural ability, and industrious habits of study, soon made him the favorite student. After spending about two years with his preceptor, passing the frequent experiences of those days attending the practical study of anatomy in the country, often at the great risk of life and limb, he came to this city and matriculated at the College of Physicians and Surgeons, New York. With his characteristic avidity for knowledge he could not but add much to his stock, from the teeming brain of Samuel L. Mitchel, from the practical lessons of Edward Miller, and from the varied and learned teachings of Drs. Romaine, Macneven, and John Augustine Smith. After spending about a year under the teachings of these distinguished men he returned to Troy, and soon passed the required examination before the censors of the district, receiving a diploma from the State Society. He soon after located in the then western village of Skaneateles, Onondaga co., of this State. There he remained in the active and arduous practice of his profession, such as none but country physicians can appreciate, till about the year 1819, when, at the urgent request of friends, and at the prospect of growing up with a city, which it then promised to become, he was induced to remove to Lyons, Wayne co., of this State, where he has just finished his earthly labors. His life, though one of great usefulness, is thus seen to have been spent in an unknown village, in an unpretending, retired manner, away from the bustle of the world. Arduous and continual duty gave him no time to write, hence his intelligence was known only to those who came in contact with him. But his fund of practical knowledge was ample, and always ready. He was a true lover of medical science, fond of its reading, and spent every possible moment with the new and old books, and the periodicals; and thus kept himself fully up with the medical literature of the day. Nothing afforded him more pleasure than a well-written description of a disease he was treating or had ever seen. He used to say, "I am glad some people have time to write."

Dr. Pierce was a thoroughly practical and more than usually skilful physician. He consequently enjoyed the highest respect of all who knew him as a medical man, and his counsel was much sought for at home, as well as at great distances. He was an active member of his county society, was sent as delegate from it to the State Society on several occasions, and twice to the National Medical Convention. The honesty which characterized every act of his life was continually manifested in his intercourse with his patients, and with his professional associates. He never practised deception upon the one, nor did he ever intentionally do aught to injure the other.

Of few can it be said, as all who knew Dr. Pierce can say of him, even those whom he may have displeased, acknowledge the kindness of his intentions, and that he was a good man. To young men in the profession he was always especially friendly, never without an encouraging word for them, constantly ready with his influence to uphold them when worthy of it, and not unfrequently with his money to aid them, as the writer has occasion to know. Many a young practitioner has been thankful to Dr. Pierce for his influence in generously and honestly shielding him against malicious and unfounded charges of mal-practice or neglect. With his combined qualities of industry, intelligence, natural kindness of heart, faithfulness, and honesty, and with his great experience, we could not look for less than a humane and reliable physician. Such in truth was Dr. Pierce. Many have made more noise in the world, but few have done so much good, as all who knew him will attest. He was an example that both old and young

physicians would do well to follow. He was a model citizen, a true Christian, and a physician whose loss will be widely felt.

S. R.

New York, April 16, 1862.

Army Medical Intelligence.

GENERAL ORDER IN REFERENCE TO SANITARY PRECAUTIONS.

GENERAL ORDER—NO 5.

HEADQUARTERS DEPARTMENT OF THE SOUTH,
HILTON HEAD, Port Royal, S. C., April 7, 1862.

1. The Major General commanding desires to call the attention of the officers and men in this department to the paramount necessity of observing rules for the preservation of health during the warm months upon which we have now entered. There is less to be apprehended from battle than from disease, the records of all campaigns in climates such as this showing many more victims to the neglect of sanitary precautions than to the skill, endurance, or courage of the enemy. With proper care exercised, and certain simple rules of hygiene observed, the hardy soldiers of the Union, inured to toil and fortified by habits of industry, temperance, and cleanliness, have nothing to fear from the climate of the department in which it is their privilege to serve. During our war with Mexico the soldiers of New England, the Northwestern and Middle States, and the adopted citizens serving in our army, suffered far less from the diseases incident to a semi-tropical climate than the soldiers from the States embraced in this department. Though not so well accustomed to excessive heat, their physical energies had been more fully developed by habits of steady industry, and their constitutions presented greater natural obstacles to the inroads of malaria. Anxious that the men of his command may be preserved in the full enjoyment of health to the service of the Union, and that only those who can leave behind them the proud epithet of having fallen on the battle-field in defence of their country shall fail to return to their homes and avocations on the termination of this unholy rebellion, the Major-General commanding, in conformity with the excellent advice of Surgeon George E. Cooper, United States Army, Medical Director of the Department, hereby establishes the following rules for the sanitary government of all the troops at present serving, or hereafter to serve, in Georgia, South Carolina, and Florida, and will hold all officers having the charge of camps or posts to a strict responsibility for their enforcement.

II. Care will be taken in the selection of camping grounds to avoid as much as possible the vicinity of malarious morasses or swamps: and the tents, in so far as practicable, are to be faced to the south. Each camp will be thoroughly policed twice each day, morning and evening, and all garbage or refuse matter will be collected and buried in the sinks.

III. Each tent will be screened or covered at the top and half-way down the sides with an arbor of brushwood or palm leaves, and shall be floored, whenever lumber can be procured, at an elevation of about three inches from the ground. When this cannot be done, each soldier will have a bunk raised eighteen inches from the ground on side poles, supported by forked sticks. All Quartermasters, to the extent of their ability, will furnish barrel staves to be placed across these side poles, and will issue the necessary lumber on receipt of proper requisitions.

IV. Tents will be struck at least three times each week, and every article of bedding and clothing taken out and aired, the flooring and bunks to be thoroughly cleansed before the tents are re-erected. On the days on which the tents are not struck the sides will be raised and kept raised for the purpose of ventilation; and during the nights free ventilation will be secured by having the centre seam in

rear of the tent opened for the space of two feet, and kept open by the insertion of a forked stick. An officer of each company will inspect the tents of his men nightly, except during stormy weather, to see that this important provision is carried out.

V. Sinks of the proper size, screened with brushwood or palmetto branches, shall be sunk at suitable distances on different sides of each camp, and the bottoms of these will be covered each morning with a layer of sand or clay about a foot thick. It will be the duty of the camp police to see that only the sinks on the lee side of the camp are used.

VI. Fresh meat is to be issued as often as practicable, and commanding officers, while near the seacoast or any pieces of water in which fish exist, should encourage such of their men as are off duty or not otherwise employed, to fish during the cool hours of the morning and evening, not later than nine A.M. in the morning, and not earlier than six P.M. in the evening. In a scarcity of fresh meat those troops in the most exposed and unhealthy situations are to be first served—the troops stationed in the batteries on the Savannah river, for instance; and to all troops so placed a large share of vegetables, in addition to the ordinary rations, should be sent.

VII. Vegetables, fresh or prepared, must be issued frequently to all the troops, and an extra issue of coffee furnished to the men on guard during the night, just previous to their being marched to their respective stations. The Chief Commissary of Department will see that the estimates and requisitions necessary to fulfil these requirements are forwarded to the Commissary General without delay, and will report to these head-quarters any failure of brigade or regimental commissaries to make due requisition for the supplies of the troops under their charge, in conformity with the terms of this order.

VIII. Breakfast will be ready for the men as soon as they leave their tents, which must not be until after sunrise. Except when immediately in face of the enemy, or when especially ordered by the commanding officer, reveille will not be sounded until half an hour after sunrise, by which time the sun's heat will have absorbed the miasma of the night dews. All the men will be furnished with straw hats, and will be required to bathe or wash themselves thoroughly at least twice each week, and change their underclothing once a week, or oftener if practicable. The hair and beard will be kept closely trimmed; and sentry boxes of lumber or small shade arbors of brushwood will be erected at all points where sentries are permanently stationed. All soldiers on night picket or sentry duty will be provided with india rubber ponchos.

IX. The proper cooking of provisions is a matter of great importance, more especially in this climate, but has not yet received from a majority of the officers in our volunteer service that attention which is paid to it in the regular army of the United States, and by the armies of Europe. Hereafter, an officer of each company will be detailed to superintend the cooking of provisions, taking care that all food prepared for the soldiers is sufficiently cooked, and that the meats are boiled or roasted, not fried. With a little care on this point, and the advantages both to health and comfort of good cooking explained to the men, much good may be effected.

X. All soldiers on duty in districts especially malarious, or on unavoidable fatigue duty during the hot hours of the day, should be given quinine in prophylactic doses, each dose combined with half a gill of whiskey, every night and morning. The certificates of regimental surgeons will be requisite to cover such issues.

Officers of the medical staff will see that the provisions of this order are complied with, and will promptly report any failure or neglect to the senior officers of the commands they are serving with, and to the medical director of this department.

By command of

Major-General D. HUNTER.

CHAR. G. HALPINE, Assistant Adjutant General.

Medical News.

FEVER AMONG THE RICH.—Fever, fighting for each foot of ground against the preventive physicians who seek to assail its strongholds, has retreated from the haunts of the poor to the houses of the rich. An efficient body of health officers have occupied themselves in this metropolis with driving fever from the filthy purlieus of the poor; they have swept away the abominations which invited it to those favorite camping-grounds. In the city alone five thousand cesspools have been removed, and with them the cohort of zymotic fevers which dwelt in the brooding miasms of their surrounding atmosphere. The poorest neighborhoods are now well drained, and kept free from sewer gas and the like sources of disease. During the last few years the mortality from fever was so much lowered as to give signs of the manifest success with which the officers of health had fought the good fight. But fever has found a new refuge, and again deals widely its fatal strokes. The houses of the rich have not the intelligent care and supervision which by law are given to the dwellings of the poor. This defect has been much debated by the health officers, and recently at their meeting it was resolved, in discussing a paper by Mr. Lyall, pointing to this want, to obtain powers for the health officer in respect to the construction of new dwellings, in some measure correlative with those given to the district surveyor. The wealthy have left open in their houses loopholes through which fever can enter by gullies, untrapped drains, and similar defects of sewerage. The enemy has entered, and the middle and upper classes of the metropolis are now suffering from typhoid fever—the fever of filth, of sewage gas, and of tainted water. The returns of deaths from this cause, which had fallen, are now rising again. The increased mortality is not amongst the poor, for they are still in their former favorable condition in this respect. In the autumns of 1859 and 1860, when the mortality from the disease was not nearly so high as it is now, the number of fever cases attended amongst the poor by the medical officers of the city unions was from 301 to 313 in the quarter—making an aggregate of 10 per cent. of the sickness returns; but during the quarter which has just expired the number of fever cases amongst the city poor has been only 76, which is barely 3 per cent. of all the sickness. No fact can indicate more strongly the migration of fever to the houses of the upper classes. They too must call in the systematic supervision of the health officer.—*Lancet*.

A NOVEL MARRIAGE LICENSE.—M. Giordano, professor of midwifery at the University of Turin, gave this year the lecture introductory to the business of the session, and alluded principally to deformities of the pelvis in relation to marriage. So impressed is the professor with the importance of a capacious pelvis in a married woman that he proposes the following regulation: "Every woman shall be required, before signing the marriage register, to produce a certificate respecting the proper conformation of her pelvis." Another summary measure touching pelvic organs has been proposed by M. Larghi, of Vercelli: as a preventive of puerperal fever, the lining membrane of the uterus should be well brushed with a solution of nitrate of silver.—*L'Union Médicale*.

ABOUT 100,000 cinchona trees, which produce the Peruvian or Jesuit bark from which quinine is distilled, are now flourishing in the Dutch settlements in Java. A few years ago there were only a small number of these trees there, and which were reared from seeds obtained from Peru. The cinchona has also been planted in the Neilgherry hills in India with great success. Measures are about to be taken to plant the tree in Ceylon.—*Dublin Med. Press*.

Drs. S. H. TEWKSBURY of Portland, and **Wm. Warren Greene**, of Gray, have been selected by Gov. Washburne, of Maine, as surgeons for special service among the sick and wounded at the seat of war, and have been ordered to Fortress Monroe, to enter upon their duties.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 14th day of April to the 21st day of April, 1882.

Deaths.—Men, 91; women, 98; boys, 108; girls, 93—total, 390. Adults, 189; children, 206; males, 199; females, 196; colored, 7. Infants under two years of age, 129. Children reported of native parents, 19; foreign, 149.

Among the causes of death we notice:—Apoplexy, 10; Infantile convulsions, 32; croup, 7; diphtheria, 6; scarlet fever, 21; typhus and typhoid fevers, 9; consumption, 69; small-pox, 11; droopy of head, 18; infantile marasmus, 12; diarrhoea and dysentery, 0; inflammation of brain, 9; of bowels, 15; of lungs, 81; bronchitis, 12; congestion of brain, 7; of lungs, 4; erysipelas, 5; whooping cough, 4; measles, 1. 216 deaths occurred from acute diseases, and 88 from violent causes. 815 were native, and 80 foreign; of whom 70 came from Ireland; 6 died in the Immigrant Institution, and 46 in the City Charities; of whom 13 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

April. 1882	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity Sat'ion, 1000
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	°	°	°	°	°			
13th.	30.22	.10	48	40	56	9	13	N. to S.E.	.04	500
14th.	30.25	.05	50	40	60	5	9	N. to S.E.	4	658
15th.	30.35	.10	52	42	61	5	9	N. to S.E.	5	693
16th.	30.40	.07	55	45	63	5	9	S.E.	3	726
17th.	30.30	.10	62	47	76	6	10	S.E.	1	660
18th.	30.00	.34	70	56	83	5	8	S.E.	4	784
19th.	29.91	.20	60	50	68	9	14	W.	2	510

REMARKS.—13th. Fine day; wind fresh. 14th. Variable all day. 15th. Wind fresh during the day; cloudy P.M. 16th. Cloudy A.M.; day variable; wind mostly fresh. 17th. Cloudy A.M. 18th. Very sultry; light rain P.M. 19th. Wind fresh during the day; variable sky P.M.; Barometer very high during the day.

MEDICAL DIARY OF THE WEEK.

Monday, April 23.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M.
Tuesday, April 24.	{ NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, April 25.	{ NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1a. Hoa., half-past 1 P.M. " " Dr. Flint, 1a. Hoa., 8 P.M. EYE INFIRMARY, 12 M.
Thursday, May 1.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, May 2.	{ NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. EYE INFIRMARY, 12 M. BELLEVUE HOSPITAL, Dr. McCready, half-past 1 P.M.
Saturday, May 3.	{ NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

SANITARY ASSOCIATION.—A Stated Meeting of the N. Y. Sanitary Association will be held at 7½ o'clock P.M., Thursday, May 1st, at Room No. 19, Cooper Institute. The subject for discussion will be "The Limitation of Venereal Diseases."

Wm. H. Davol, M.D., late Physician
to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.
References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

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LECTURE VI.—PART II

Physiological Effects.—I am not aware that any physiological experiments that have been published have been performed on animals, either with the podophyllum root or with the resin. I have performed some few experiments on animals, but mostly to ascertain the purgative effects of the resin. With the fresh root I have tried no experiments either on man or animals, but from the descriptions found in the books, and from the relation of some few cases to me, it seems to produce great irritation of the intestinal canal, gripings, prostrating emesis, and catharsis, an irritable and frequent pulse, and profuse salivation. These irritant effects are produced by a volatile principle existing in the green plant and root, which is mostly dissipated on drying. The effect of the green root or plant, or the fresh decoction of them, upon the mouth and salivary glands, resembles in a mild degree that of the *Arum triphyllum*, and the profuse salivation produced is principally the effect of the local stimulation, for salivation is but very slightly induced by the dried root or resin, unless it is given to its emetic effect; then it acts as emetics in general, and freely increases the secretion of saliva. It has been so frequently asserted that podophyllin produces salivation that I have taken much pains to ascertain its action in this respect, and I found when given in pills or capsules in small and frequently repeated doses, or in one large dose, that it has no persistent sialagogue action, and no effect like mercury, producing soreness of the gums, fœtor of the breath, and profuse and continued secretion of saliva. As I before stated, when given to its nauseant or emetic effect, it always induces a free secretion of saliva, but as its emetic action passes off so does its sialagogue action also. But if the resin is given in powder, so that it produces a local stimulation upon the glands, I have seen abundant secretion of saliva for one or two hours. In this way it is merely a topical irritant, not a true sialagogue. There are no means of ascertaining whether the resin when passed into the stomach in capsules can be detected in the saliva, but that it exists in the saliva, when administered by the mouth in powder, there can be little doubt, for the resin is soluble in the saliva.

Of the commercial podophyllin (of Messrs. Keith's manufacture) I have given two grains to a dog; in eight hours it had produced three free alvine evacuations. The same dose was repeated the next day, and it acted on the bowels in three hours, and during the day caused more than a dozen evacuations. To the same dog I administered by hypodermic injection, under the skin of the leg, one grain of podophyllin dissolved in liquor potassæ. It produced great local irritation, free purging in two hours and twenty minutes; evident colicky pains, and much tenesmus, with retching, but no vomiting.

To a man suffering with constipation of the bowels I have sprinkled two grains of the resin in fine powder over a large indolent ulcer. It caused a great pain in the ulcer, free catharsis in six hours, with nausea and severe griping pain. Within twenty-four hours it acted on the bowels seven times. The appearance of the ulcer was improved by the application.

Podophyllin, when administered to a person in health, is an efficient and certain cathartic; slow in its operation

if administered in proper medicinal doses, but if administered in large doses quick and violent in its action, causing nausea, vomiting, and repeated and painful purging of mucous and bilious matters. When taken in powder in moderate doses it is not very disagreeable when first put into the mouth, but as soon as the saliva dissolves a portion of it it becomes disagreeably bitter and nauseous, and the sensation it leaves in the mouth and fauces is quite unpleasant: when taken in this way there is a free secretion of saliva for some time. When I have taken the powder finely rubbed up with sugar in this way there is no sensation experienced in the stomach for an hour or more, excepting the first sensation of nausea from the disagreeable taste. In about an hour, if it has been taken fasting, there is an uneasy feeling in the stomach, accompanied with nausea and free salivation. This lasts for about an hour, and it feels as though a large secretion of gastric fluid was being poured out, and the stomach feels as if in a state of commotion. Soon the influence is felt in the small intestines, and unmistakable sensations of the secretion of bile are experienced. In this stage of operation it produces on me exactly the same sensations as I experience from a full dose of calomel. The influence continues to be felt through the whole length of the intestines, producing active peristaltic motions, and the sensation as though acrid bile was freely passing. In about five hours one grain will purge me quite freely, and this is followed within two hours by two or three free bilious evacuations, producing upon me the same sensations and the same bilious-appearing alvine evacuations that I experience from the same proportionate dose of calomel. In this dose it does not gripe nor produce much tenesmus, but during the whole time of its passage through the intestines there is an unmistakable sensation of a dose of medicine producing a cholagogue effect within. If the same dose (one grain) is taken immediately after eating, and protected in any way so that it does not touch the mouth, no effects whatever are felt from it for two or three hours; then the effects in the intestines above described are experienced in a very modified degree, and the result will be one copious pultaceous evacuation. The after effects in both instances are an increase in appetite, and a feeling of better health. Most persons will require a rather larger dose of the commercial article than this, and many can take three grains.

Therapeutical Effects.—Podophyllin was first and most largely used by the "Eclectics," and many of them have written intelligently upon its therapeutic applications. By the Eclectics it has been called Vegetable Mercury, and its use has been recommended in all diseases in which mercury has been found to be of service. To a certain extent, and in some of its effects, it certainly does much resemble that drug.

Its greatest use is in that class of diseases usually called bilious disorders; that is, in those disorders where the whole digestive organs are deranged. In these disorders a dose of one, two, or three grains of the commercial podophyllin will be found to excite the secretion of all the abdominal organs, acting as an efficient purgative by this increased secretion. The largest number of patients whom we are called upon to treat are suffering more or less from these disorders, and it has undoubtedly been too much the case to give some mercurial for their relief. In these disorders podophyllin, combined in the manner we shall hereafter describe, is fully as efficient to cause a free secretion from the intestinal mucous membrane, and from the liver and pancreas, as any of the preparations of mercury, and it is infinitely safer. There is a very grave accusation made against our Militia Army Surgeons for using too much blue pill and calomel in these disorders, and although the accusation is an unjust one against the majority of the surgeons there are undoubtedly some against whom it is too true. Our soldiers, who are so much exposed, should not use mercurials if it can be possibly avoided, and this article will, if properly given in

these disorders, have a more beneficial effect, and will produce none of the evil consequences of mercury. There is but one drawback to its use, that is the inability of the patient being upon duty for ten to twenty hours after taking it owing to the nausea and tormina it produces if given in a full dose. In some of the forms of hepatitis it is of great value, and causes a full secretion of bile, but as this is not the only indication in the acute form of the disease it cannot be relied upon to check the inflammation. In chronic hepatitis I have found it of very great service, acting better than any other remedy I am acquainted with, as it relieves the portal circulation by its action on the secretions. In this disorder it is not necessary, in fact it is frequently injurious, to give it in large and powerfully cathartic doses; I have found it better to give it in small and frequently repeated doses upon an empty stomach, sometimes combined with veratrum or hydrocyanic acid, at other times with strychnia or capsicum. The amount of bile and intestinal mucous secretion carried off by treatment of this description is sometimes enormous.

There are few diseases in which it is of more service than habitual constipation. In this disease small doses taken with the meals (frequently in combination with strychnia and capsicum) will in the majority of instances relieve the disorder within two weeks. It needs but proper graduation to give it in just the proper proportion.

From its thorough action upon the whole intestinal mucous surface, and upon the large glands, it is one of the best eliminants in infantile convulsions. For the same reason it advantageously follows the use of anthelmintics.

But as from the experiments I have made with it I will endeavor to give its mode of action, I would rather leave its application in diseases to your own judgment. If you know its physiological and therapeutic action, you can apply it intelligently in the treatment of diseases.

Original Communications.

REMARKS UPON DIPHTHERIA.

By EZRA M. HUNT, M.D.,

OF NEW JERSEY.

WE had occasion in a former number of the *MEDICAL TIMES* to offer some thoughts on the phenomena and treatment of Diphtheria, illustrated by a short tabular history of a few prominent cases. It has been our lot still further to meet, and therefore our duty still more carefully to investigate, the character of the disease; and I propose, therefore, to add another brief article to what has already been said and written upon the subject.

The ardor generally manifested in the study and observation of this disease is a compliment to the energy and fidelity of the medical profession. The old Aristotelean philosophy formed theories, and then endeavored to make facts correspond thereto, and with a great deal of tenacity some medical authors have clung to the old organum. But the "*Novum Organum*" of Bacon, as applied to medicine, is inductive, in the sense that it forms theories only from facts submitted to the test of actual observation, and confirmed by treatment. This is just what we need, in order to advance medical science and to insure correct practice, and just what seems to be now the better tendency of medical pursuits. It is the method of investigation which seems to have prevailed in the study of this extraordinary affection. Coming to our country, so far as idiopathic type is concerned, as an entirely new disease, there was little time for vague theorizing, and medical men have been thoroughly intent upon its accurate examination, in its clinical aspect. Considering the difficulties which always must surround a rapid malign disorder, depending on some prevalent yet unknown cause, the results have

been to a high degree satisfactory. Statistics show that even where it still prevails the average mortality has much diminished, and we are able to approximate to as definite views of treatment as lighten our pathway in dealing with most epidemic diseases. Although we possess few elaborate treatises, yet in medical societies, lectures, and monographs, the facts of the ailment have been fully discussed, and there has been with fuller experience a tendency to coincidence and correspondence of view as to its management, and a growing confidence in our ability to grapple successfully with it, where time is allowed for treatment. Without desiring permanently to multiply new nosological distinctions, for the sake of precision, we will speak of diphtheria as of three degrees of severity; and to avoid the mingling of Greek and Latin terms, in good plain English let us name them—mild, grave, and malignant.

The disease in the mild form has prevailed very extensively, if we may rely upon the evidence of a large and respectable number of the profession. An unusually large number of cases of throat affection have occurred in which, although there was no decided diphtheritic deposit about the fauces, there was still a general diffused redness spreading over the whole region, showing an epidemic character, accompanied with unusual debility, and requiring a tonic course. It certainly has seemed different from tonsillitis, from scarlatina simplex, from common sore throat arising from disordered stomach—or from bronchial affection—in fact, different from any usual anginous difficulty, as distinct as is mild influenza from common catarrh, and as are many other diseases from those with which they have points of resemblance. We have been careful not to call these diphtheria, and were at first disposed to regard them as merely incidental, and in some cases imaginary ailments; but so decided is the testimony of many excellent practitioners, as well as our own smaller experience, that we are constrained to regard this as a diphtheritic sore throat, or mild diphtheria. The view which classifies these cases as dependent upon a dilute and partial influence of the diphtheritic poison, is, of course, open to criticism, as it is always difficult to substantiate the character of a disease from its most attenuated forms. Mild cases of measles and scarlatina, mild variola and severe varicella, are sometimes difficult to diagnose; and it is true of the mild forms of many affections that we establish their identity with their more self-declarative species, by concomitant circumstances rather than by the decided symptoms of the particular case.

Sometimes even disease is so malignant as to be obscure in diagnosis. We remember seeing with another practitioner cases of scarlet fever, where five in one family died in succession, in but one of whom was there any eruption or decided throat trouble; yet others exposed by attendance upon them had plainly developed scarlet fever.

With such, or such like analogies, and with the facts before us as to the peculiar character and synchronous prevalence of this affection with decided diphtheria, its epidemic character, its occurrence in the same families, and at the same time with the full-fledged disease in other members, and the success of the same general line of treatment, we seem justified in the view of it until some other is rendered more probable. Under the use of chlorate of potash, a free diet, a daily dose of quinine, and perhaps chalybeates, the symptoms are not difficult to overcome.

The next division of diphtheria noticed is the "grave;" that which is typified in the usual decided forms of the disease. In its onset it is generally marked by some febrile excitement, not unfrequently accompanied with nausea or a chill, or alternations of chilly and over-heated sensations, and an uneasy feeling or soreness is complained of about the region of the throat. Examination within twenty-four or thirty-six hours after the first symptom of feeling unwell, shows the membrane deposited generally on one or both tonsils. This often spreads from various points, and uniting together they form a skin or covering, more or less exten-

sive. The exudation itself is almost pathognomonic of the disease, while the quick spiteful thrill of the pulse, as well as its frequency, points to a serious constitutional malady. As our design is not a full description of the disease, but only its outlines, it is not necessary now to trace all the frequent or occasional attendant circumstances. Of these, swelling of the maxillary, parotid, and cervical glands generally are among the most common local complications. The severity of the affection is sometimes out of all proportion to the amount of exudation, and day after day, in some cases, we see the patient succumbing to some secret morbid agency, even where the local trouble is not in its extent or mechanical embarrassment serious.

This second variety of diphtheria is the one in which treatment is most fairly to be tested. We have opportunity to contend with a disease sufficiently formidable, yet not invulnerable, and our general view of successful remedies must turn upon such cases. Some of them, even when severe, delightfully yield to the steady artillery of decided tonic treatment, while in others, the nervous system, and the stomach and digestive organs especially, seem so weakened, both in powers of digestion and assimilation, as to embarrass our communication with the system in our attempt to afford it tone and strength to outbattle the disease.

Let us illustrate what seems to us the general indication of treatment in a decided and severe case of diphtheria, where the stomach and digestive organs are in fair working order.

The patient is a mother who had watched at the death-bed of a child, who had just died of the disease in a malignant form. Forty-eight hours after, during the night, she awoke with an unpleasant sensation about the throat, and some fever. In the morning when the physician was called decided exudation was found upon one tonsil, which for two or three days continued spreading. The pulse was 110, nervous, and slightly feeble; bowels regular; stomach not much disturbed, save appetite impaired. The following is the general line of treatment:—Chlorate of potash 3j.; aquæ puræ ʒ iij. Let the water be boiled, if hard, so as to secure the entire solubility of the chlorate. Dose, a teaspoonful every two hours, and to every other dose add fifteen drops of *murias tinctura ferri*. The same medicine continued for several days at intervals of two, three, or four hours according to symptoms.

Sulphas quinae from three to four grains morning and night, varied in quantity or frequency according to signs of debility. In the case before us there was little variation, except occasionally a dose at midnight. Good digestible food three times per day—such as in hospital practice is called *extra*. Wine or brandy in tablespoonful doses once between meals, or at midnight or towards morning if much debility. A drink of pure milk if preferred. At night, if restless, or especially if the night before was a sleepless one, twenty drops of *laudanum*. The pulse for several days varied from 90 to 110, reaching at times 120, but under this treatment subsided to its usual frequency in about ten days.

(To be Continued.)

REPORTS ON SOME RECENT IMPROVEMENTS IN MATERIA MEDICA AND THERAPEUTICS.

By EDWARD H. JANES, M.D.,

OF NEW YORK.

III.

ANTAPHRODISIACS.

A RECENT number of the *Dublin Medical Press* contains the summary of an article by Dr. LAFONT-GOUZI, published in the *Journal de Médecine et Chirurgie*, giving the results of a careful clinical inquiry into the effects of some medicinal agents, represented as special sedatives of sexual erethism, with a view of discovering some means of allaying genital

excitement and consequent spermatorrhoea. He thinks cauterization has been too highly extolled, though doubtless applicable and efficacious in rebellious cases; but in most instances, the spermatorrhoea being the result of a too morbid energy of the organs of generation, should be treated by measures less capable of inflicting injury. He has found digitaline and lupuline alike inefficacious; but has been more successful with the bromide of potassium, two-thirds of his cases being either cured or greatly relieved by from fifteen to thirty grains being administered in two doses, in the afternoon, and continued for a fortnight. The particulars of three cases are related: the first, a student of divinity, took fifteen grains daily for five days, when the spermatorrhoea ceased, and has since returned only at distant and natural intervals. In the second patient, the orgasm was consequent on an eczematous diathesis of long standing, the eruption appearing around the anus. This was treated with cold water lotions and astringent hip baths; but the disappearance of the eruption was followed by pain in passing water, and by frequent seminal emissions at night. After vainly resorting to belladonna, digitaline, and lupuline, the bromide of potassium was exhibited, and effected a rapid and complete cure, for the permanency of which, the patient submits to an abundant eczematous secretion in the axillæ. In the third case improvement only was attained, the insufficiency seeming due to the inadequate manner in which the treatment was followed. Within a few years the bromide of potassium seems to have been coming into favor in the profession, as a remedy for this painfully annoying affection, and the paper just noticed not only confirms the good opinion entertained by many concerning the virtues of the remedy, but also discriminates in such a manner as to render the treatment effectual, by selecting those cases to which the treatment is best adapted, viz. those in which the difficulty depends on a morbid energy of the organs, requiring a direct sedative effect, both upon the muscular apparatus and secretory functions of the whole sexual economy. The bromide of potassium was first introduced into the London Pharmacopœia in 1836, it having been previously employed by Pouché and Magendie in the treatment of scrofulous affections, and by Dr. Williams, who regarded it almost as a specific in the treatment of diseases of the spleen. In secondary and tertiary syphilis its action is said by some to be similar to that of the iodide, but induced more slowly, and often unsatisfactory and unsuccessful. All who have given it a fair trial acknowledge its antaphrodisiac effects, and find it highly useful in priapism, nymphomania, and spermatorrhoea. Dr. Pfeiffer found it to have a happy influence over seminal losses, abnormal erections, and neuralgia of the neck of the bladder, and claims for it a special power over the muscular part of the genito-urinary apparatus, and the secreting action of these organs. It has also been found to exert a local anæsthetic action, producing complete insensibility of the fauces. Dr. A. B. Garrod (*London Pharm. Jour.*, Nov. 1857) has found it adulterated with iodine, and thinks it by no means an unfrequent occurrence. The dose of the bromide of potassium for relieving painful erections during gonorrhœa, is from two to three grains every two or three hours. If pure it may be given in much larger doses. Dr. B. Woodard in the *Chicago Medical Examiner*, and Dr. Geo. B. Willson in the *Boston Med. and Surg. Journal*, claim for opium both diuretic and antaphrodisiac properties. Dr. W. mentions the case of a prostitute who was obliged to use opium freely, so that she should be passive during coition; and also of men for whom he had prescribed opium to enable them to overcome their lustful propensities, and always with benefit. He also mentions the case of an estimable woman who, ten days after confinement, became the victim of uncontrollable sexual desire, at once relieved by full doses of morphine, and solutions of morphine to the parts.

It should be remembered, however, that in a majority of patients complaining of spermatorrhœa, the disease is rather imaginary than real; in most instances the result of reading

those pernicious books with which the world is flooded, written professedly for the instruction and benefit of young men, but in reality as an advertisement for the author, whereby he expects to fill his purse, though at the expense of both the mental and physical anguish of his readers. A healthy young man, subject to occasional nocturnal emissions, is unfortunate enough to meet with one of these publications, and through the false impressions there imbibed, his mind is completely unhinged; the consciousness of a bad habit practised in his boyhood—though perhaps long since discontinued—tends to deepen his convictions, and the ghost of this youthful indiscretion, rendered more terrible by the exaggerated accounts given by the authors referred to, continues to haunt the poor victim with the increased frequency of seminal losses, followed by the usual train of symptoms, which invariably results from the pandering to the unhappy error of a diseased imagination. Judicious moral treatment, properly directed, with the view of convincing the patient that he is not ill, will, in a majority of these cases, prove more beneficial than drugs, either constitutionally or locally applied.

AUTUMNAL FORMS OF DIARRHŒA AND DYSENTERY.

Dr. Patrick I. Hynes, of Nottingham, advocates in the *Lancet* the employment of nitric acid and opium in the treatment of the autumnal forms of diarrhœa and dysentery. The treatment is by no means new, yet he thinks it is not so generally employed as its merits seem to warrant. The formula he employs is as follows:—Infus. gent. co. ℥ viij.; tinct. opii 3j.—3jss.; acid nit. ℥ xx. M. An ounce to be taken after every liquid stool, or painful alvine evacuation. A mustard plaster is applied to the epigastrium, and the sickness and thirst are relieved by drinking sparingly of ice-cold mint tea. He thinks nitric acid possesses some disinfecting agency, as well as astringent efficacy over autumnal diseases. Its fumes are believed to be capable of destroying the effluvia of typhus, and diluted with water it forms a useful drink in all low fevers. But independent of its chemical action over animal effluvia, the writer claims for it a direct astringent effect in all diseases of the mucous membrane; it being the chief agent in the nitrate of silver, so extensively used in all mucous discharges. He employs a similar formula with double the amount of acid, as a topical application in cynanche and diphtheria, with decidedly beneficial effects. It is also valuable in broken down constitutions impaired by mercury, syphilis, and other irregularities, and in combination with taraxacum will prove of service in sluggish conditions of the liver. He also employs it with advantage in diarrhœa of infants, and combined with muriated tincture of iron, in tabes mesenterica. He has given the other acids a fair trial, singly and in combination, but finds none of them equal in therapeutic value to the nitric acid in combination with opium. In a more recent number of the *Lancet* Mr. Keith Macdonald corroborates, to a certain extent, Dr. Hyne's statements, his attention having been attracted to the subject by the perusal of that gentleman's paper. He conducted his experiments in such a manner as to test both the real and relative value of the medicine, and found it to be more efficacious than any of the others, except sugar of lead and tannin. He considers it a useful adjunct to the more powerful astringents, though not to be wholly relied upon to the exclusion of other well-established therapeutic agents. He thinks, however, it is preferable to any other remedy in those cases originating in noxious effluvia, or specific poisons in the atmosphere. Neither of these gentlemen mentions having tried the treatment with large doses of ipecacuanha.

BELLEVUE HOSPITAL.—The following gentlemen have been appointed to the Resident Medical Staff of this institution:—H. W. Cook, — James, T. R. Chandler, H. E. Paine, W. H. King, J. O. Stone, W. F. Peck, W. S. Ludlum, F. H. Howard, H. Raphael, J. V. Lauderdale, W. H. Ensign.

THE PRESENT STATUS OF PSYCHOLOGICAL MEDICINE.

By I. PARIGOT, M.D.,

LATE COMMISSIONER OF LUNACY IN THE COLONY OF GRENEL, BELGIUM, ETC.

III.—SOCIAL PSYCHOLOGY.

BEFORE entering upon the special object of this communication I wish to pay a tribute of respect to the memory of a psychopathist, who left a name in the annals of American science, and has given a great example of devotion to his country—I refer to the late Dr. Luther V. Bell, the former much esteemed Superintendent of the MacLean asylum of Charleston, Mass. The high reputation of Dr. Bell, here and in Europe, rests on important publications belonging to the history of psychological medicine. The value of these works has been duly acknowledged by giving his name to a special form of insanity which he first described. But Dr. Bell was not only a psychopathist but also a surgeon, and at the outbreak of the Rebellion sacrificed repose, and afterwards life, in his self-devotion to humanity.

In order to appreciate the actual conditions and future prospects of the insane sufferers in this and other countries, we find it necessary to inquire into the popular feelings generally entertained respecting insanity, and also into the probability of relief being afforded in that proportion which is due them as compared with the other classes who are dependent upon public charity. This cannot possibly be better done than by a glance at our *social psychology*.

The degree of civilization of any nation is not at all proportionate to its refinement of manners, luxuries of life, fine arts, or even the material development of riches. It consists only in the knowledge of God, the practice of Justice, and the full possession of Liberty. The motives, then, which actuate such a community are founded upon the broad platform of a conscientious discharge of duty. If, then, our premises are right, the condition of the insane in all countries should be the test of the civilization. Now, it is true, much has been done for this class of unfortunates in the different states of the Union; great fortunes have been bequeathed to national institutions, and, on the part of governments, large sums are annually voted to build new ones, or maintain the old ones. But it appears that much still remains to be done. We have good reasons for such an assertion when we refer to a leading article of this journal on the necessity of creating a Commission of Lunacy. On this subject I would only venture in passing to call the attention of the gentlemen interested in this commission to one point, viz. the fundamental advantage derived from the possession of the LEGAL power, not only to inspect asylums, and report on them, but to regulate their administration. What is the advantage of inspecting always the same defects, if it is not in the power of such inspectors to remedy them? Reports are not only slow means to relieve sufferings, but by experience I know them to be *useless*.

But I have another fear, and that has reference, in the present condition of national affairs, to the probable check which may be placed upon both public and private benevolence. Then, again, the same cause acting still more must sooner or later tend to the destruction of a vast amount of property, the ruination of many individuals, and of necessity must increase the number of the insane.

Let us examine in the next place the cause of all these misfortunes. There is, no doubt, a curious sympathy existing in the ideal world between nations, which may be better understood, perhaps, by the use of the term moral contagion. The peculiar influences of this contagion are not confined by any mountainous districts, neither by the broadest seas. In fact, the poison is capable of propagating itself in a most mysterious manner. History records curious proofs of this assertion, in the foolish (if not criminal) enterprises of nations marked by all sorts of wickedness, and especially by aggressive propensities. From the

ancient times to the late wars of the first Napoleon, nations have been periodically subjected to an influence of this sort, and murderous battles have been brought on in consequence. During those times of woe society is unsettled, and political crises follow each other without interruption.

Nations, misled by political parties, have a mutual fear and hatred. Is that the way to rational progress? Amongst the recent delusions, one, owing to a remnant of our primitive state of savageness, is the revival of an absurd and brutal hatred between the Anglo-German and Latin races. Look at the amiable dispositions of the English and the French! Now, it is very remarkable that before 1852 such moral perversion was ridiculed as well in England as in France, and still they boast of their civilization! In spite of it one hears only of armaments, fortifications, and iron-plated vessels!

Now, on this side of the great ocean, what brought on this *war-inclination* in a nation whose interest it was to settle reasonably internal difficulties? Nothing else but that morbid contagion which in Europe has cost, the last ten years, more than a million of souls, and as much money as would be sufficient to educate a whole generation! Might it not be permitted to say to a psychopathist, with the Latin satirist, *Stultique prope omnes*, when he sees here a mighty and once prosperous nation drying up all its sources of prosperity, and extinguishing public and private benevolence in such a way that even the middle classes must be soon reduced to insanity and beggary? Let us hope, however, that our eyes will be open! It is true, also, that the sources of labor and industry are so abundant that peace would heal all our wounds—so may it soon be!

Let us now glance at the influence of social psychology on the preservation of moral faculties, and its effects on the cure of mental disturbances.

The history of the causes and development of insanity is about the same in all countries; little or nothing is heard of it in the first period of the nations. It appears that the virgin nature of the soil, and the activity of mind and body necessary to inaugurate a national existence, are favorable conditions for mental health. But when, with the course of time, their population is so much increased that space fails, when immorality has corrupted spiritual life, then, in the same manner that material poisons are developed within the tissues of the body, new morbid psychical dispositions give rise to mental disease. It has been asserted that civilization was the cause of insanity, but was it not easier to see that insanity only increases in proportion to the malignity of the moral and material poisons accumulated in what I would call the decline of societies? It is true, that often insanity has but an indirect relation to social psychology, that it is owing to the very struggles made to escape those conditions of decay, or to relieve others from their effects—great men have lost their reason in such struggles. In our opinion the hygiene of the mind and of the body in education and instruction, is the surest means of preserving reason and health.

Speaking generally, people are unaware of the conditions of the development of insanity. Many persons, even some physicians, believe in a sort of fatalism in its attacks. It is clear that such opinion is erroneous. Even hereditary predispositions are not necessarily followed by insanity. Happily it has been recognised that moral and physical precautions may prevent the appearance of such a disease. If such facts were popularized it would no more be considered a shame to have been insane, neither should the disease of a parent be a blemish on ancestral integrity.

The views respecting insanity are markedly different in the east of Europe and Asia as compared with any other countries. Insane persons there are looked upon as sacred beings inspired by the Divinity; though respected as such they are driven away as beggars, free to go and to do what they like best: still they are *harmless*, and do *no injury* to anybody. Now, what is the practice of western Europe? The first feeling, at the sight of a lunatic, is fear and repul-

sion; the consequence of such impression is not favorable to patients; they are considered lost for ever; the physician, if at all consulted, is called in sometimes when it is too late for hope. The patient getting worse, violent means are resorted to, having the effect of making him still worse, and at last rendering him incurable. Having admitted as a principle that an insane person is a dangerous being, liable to furious excesses, the insane are apt to conceive this false notion of power, and often are led by it to the commission of reprehensible acts. The consequence of this general opinion was also, anciently, that any treatment, however harsh (if it did not cause immediate death), was considered as a sort of retaliation of the evil done or *MEANT* by the unfortunate patient. Now, within about fifty years, physicians have put an end to these cruelties, but everybody feels satisfied that lunatics should be isolated from any intercourse with society. Again, the error of such principle has had another bad influence on public opinion—that is, the belief that medicine is useless to relieve mental aberration.

The only exception to that state, in Europe, is the Free-air Colony of Gheel, in which patients are boarded in private families. There, by the very reason we have mentioned, insane persons are quite harmless, on account of the kind treatment they experience. We are much gratified to be able to state that, in consequence of the reports of the Board of Lunacy of Scotland, *three asylums* are now in process of erection, in which the greatest number of patients will be placed as boarders in cottages kept by families under the direction of the asylum, which becomes, then, a mere therapeutical centre. It is easy to conceive what a blessing it will be for the patients. The following extract from a German paper will exemplify their effect on these unfortunates:—

"In a garden of Berlin a canary bird was found bearing on its neck a small note; the address was unusual—'To the good Lord!' The finder broke the seal, and found a sincere message in accordance with the direction. It was written by a lady, an inmate of a private lunatic asylum; the unfortunate one, pleading for relief, asked a speedy death. She complained that the misrule and self-will of a rude female attendant were the cause of her sufferings. All explanations to her relatives were vain, because this attendant attributed her complainings to a diseased mind, and punished her for attempting to make known her situation."

We must add, that having seen so many similar cases we have no doubt of the reality of such a statement.

We do not mean to say that the *free-air* asylums have no defects, or that they are the only resort for all kinds of insanity. I do not know of anything perfect, but I confess that for the majority of cases they are more beneficial. A new reform is now making its way in the world. The insane person was in ancient times considered as an offender, and treated accordingly; he is now considered as a dangerous being, who must be necessarily kept within an establishment. The new system consists in isolating these patients *in the country*, where they can enjoy free air and a family life.

We have tried to show in the above lines the moral and material state of society, and how its psychology has a great influence both on the *nature and treatment* of insanity. Our criticism is not so much directed against persons, as it is against public opinion; and still we must make an exception for this country, since we have learned from competent persons that no bad feeling existed either against the lunatics or against those physicians who devote their life to allay their sufferings.

Dr. OPFOLZER says that bicarbonate of soda is an improper remedy for pyrosis. It unites with the acids of the stomach, and produces salts which themselves produce pyrosis. He prefers the use of calcined magnesia, and sometimes uses carbonate of ammonia.—*Brit. Med. Jour.*

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, March 12, 1863.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

(Continued from page 228.)

ABSENCE OF ALBUMINURIA WITH CONTRACTED KIDNEY.

DR. AUSTIN FLINT presented a pair of kidneys removed from a patient who died at Bellevue Hospital. The history of the case as given was briefly this:—The patient was a female, *æt.* 35, who was admitted on Thursday last, the 6th instant. My attention was called to her on Friday, the 7th. She had had since her admission two epileptiform convulsions. She seemed a good deal prostrated, her mind was much enfeebled, and there was no cedema anywhere. I left the case without much attention that day, desiring that the urine should be examined before my next visit. On Saturday, at my visit, I learned that the urine had been examined, and that no albumen had been found in it. Another epileptiform convulsion occurred upon this day. On Sunday, at my visit, I found her comatose, and evidently very near her end. No previous history was obtained, and my knowledge as regards the details is rather limited. She died on Monday morning.

Autopsy.—The brain was examined this afternoon, and was found moderately congested and rather firmer than usual, otherwise it presented no morbid appearances. The kidneys were then examined; the right one weighed two ounces, the left a fraction more. The right organ presented a cyst of considerable size, as large as a marble, and when a section was made of it there issued a serous-looking fluid. The surface of the kidney is granular, and its secretory portion is very much diminished in size; a microscopical examination of it has not yet been made.

The interesting point of the case seems to be the occurrence of uræmia, proving fatal without any albumen in the urine, or general dropsy. I may remark that a case somewhat similar to this came under my observation during the past winter at Bellevue. The patient died with well marked symptoms of uræmia, and without any general dropsy: that patient had albumen in the urine, with casts of considerable size both granular and waxy. In this connexion I call into mind another case. The patient had no general dropsy, and the presence of albumen in the urine was ascertained rather accidentally; subsequent to this there was an attack of uræmia, which proved fatal. In both these cases there was found the hard contracted kidney. I may also mention a case of a child who had scarlatina, followed by an abundance of albumen in the urine, and also the presence of granular and waxy casts. The albumen finally diminished and disappeared, at the same time there was such an improvement in the patient's condition that she was considered safe. However, the waxy casts continued to be present, and the patient was soon seized with convulsions, which terminated in death in less than twenty-four hours afterwards. I am unable to give the microscopical appearances of the specimens I present, not having had, as yet, an opportunity of making the necessary examination.

DR. CLARK.—I will give them at a venture; these things are so uniform that the result of one examination hardly differs from another. I suppose you will find the intertubular tissue containing a larger amount of organized fibres than belongs to it naturally; that the Malpighian bodies will be, at least half of them, greatly shrunken, the capsules thickened, and the tufts within them dwarfed, and some will be entirely gone, at least in the kidney where the cyst was found. There will be found also between the tubes a considerable number of microscopical cysts, which, had the patient lived, would have grown larger, and a considerable portion of them would have been visible to the naked eye.

A few tubes would be granular, but the cells would in general present their normal appearance, a very few being fatty.

As regards the absence of albumen in such cases, my impression is that it is the rule that albumen is not present, or if present at all, only for a short time. I have examined such cases month in and month out, at every visit, and have found that albumen was absent in the greater number all the way through, or perhaps only found during the last fortnight of life. And as to the latency of the symptoms, that too, it strikes me, is rather the law with this contracted kidney. I could cite instances where death occurred after a very few days, no disease being before suspected, in men who attended to business up to to within two or three days of death. I could also refer to two or three instances of merchants dying of convulsions, who attended to their business during the day, come home in the evening, were seized with convulsions during the night, and died the next day or the day after. There is one point that I would call attention to in regard to this contracted kidney, in which my own observation differs from that of Goodfellow. The question has presented itself to my mind whether he is right in ascribing these small kidneys, as a rule, to alcohol as a cause. I am confident that I have met with it quite often in perfectly temperate persons, and in those who only took their wine occasionally in company or when out to dinner. I would ask Dr. Flint if he knows anything of the previous habits of this patient?

DR. FLINT stated that he did not, and further remarked in connexion with the statements he had previously made, that Dr. Richardson, who had recently published a work upon disease of the kidney, maintained that albumen was always present in this class of cases. Dr. Flint disbelieved this statement, and accordingly took the opportunity of citing a case in point.

DR. CLARK. There is another point which I suppose will shortly occupy the thoughts of the members of the Academy of Medicine; that is, the real value of casts in those cases where no albumen exists, and where no disease is suspected, until for some particular reason the urine is examined. The specific gravity may be normal, and the urine may perhaps contain the penicillum glaucum. I feel a good deal of confidence that this is the disease illustrated in this specimen, and if so, the fact is of importance in enabling us to anticipate an issue which we have no other means of looking towards.

BRIGHT'S DISEASE INDUCED BY ABDOMINAL DISEASE.

DR. CLARK.—I wish to call the attention of the Society to the relations existing between the large white kidney, one of the forms of the disease we have been considering, and other diseases of the abdominal cavity. Dr. Krackowizer alluded just now to the influence of moderate pressure in the neck in producing contraction of the pupil; and I would remark here that it has been suspected for some time past by those who have directed their attention to the study of Bright's kidney, that diseases, chronic chiefly, of the abdominal viscera, are capable, by the connexions of the sympathetic system, of establishing disease of the kidney. It is not long since I had the opportunity of marking the progress of Bright's disease occurring in the course of adhesive inflammation, and its effects in the pelvic cavity; the uterus becoming adherent by a slow, gradual process to the posterior tissues of the pelvis, and all the organs bound down in one mass, almost as if it were a case of tuberculous peritonitis, and the pretty rapid development of Bright's disease of the kidney, this latter terminating fatally, while the other disease might not have been fatal. It occurred to me then that it was possible that, through the irritation that the sympathetic nerve experienced in this pelvic cavity, the kidney became diseased.

Of the two last post-mortem examinations made in private practice one was of a character to be brought in comparison with that case. I have a portion of the intestine

here, and will give the history of the case. I will anticipate so far as to say that the patient had chronic diarrhoea for a period of four years, and the portion of intestine will almost explain itself. It is also important to say that she had tubercles of the lungs. It is not the usual form of tuberculous ulceration of the intestines confined to the patches of Peyer, but has no special locality. The history of the case then is this:—A lady, *æt.* 33, enjoyed good health until eight years before death, when cough and hæmoptysis gradually developed the symptoms of tuberculous disease of the lungs. From these symptoms, after a little, she recovered so that she became quite stout and looked very healthy. She was then married, and had one child, who is now five years of age. Her cough occasionally troubled her, but she had no hæmoptysis during the rest of her life. About four and a half years before her death her cough returned, and became habitual: it was not, however, associated with symptoms that bore very heavily upon her, and she maintained her health tolerably well until four years ago, when she was seized with diarrhoea. From four years ago until the time of her death, she had the diarrhoea almost all the time. It would sometimes be stopped for a fortnight, and then be renewed and continued for weeks and months at a time, though it was not of a severe character, until within the last few months. Last spring I saw her on account of severe pains referred to the stomach, which I explained on the supposition that there were biliary calculi passing. She got entirely rid of those pains after a short time, but her tubercular symptoms continued. During the last winter the diarrhoea increased upon her, and her strength pretty rapidly failed. It was noticed here, as is commonly the case, that the cough which was oftenest distressing alternated with the diarrhoea; when there was diarrhoea her cough troubled her but little, and when the diarrhoea was restrained, as it always could be by the sub-carbonate of bismuth, the cough would be very urgent at night, and as morphine did not seem to agree with her well it was often very difficult to find sleep for her. She became gradually thinner and paler, and about the 1st of January took to her bed, and kept it until the day of her death. In the mean time the peculiar appearance of her countenance led me to examine her feet, hands, and face, in the expectation that I should find cedema. Up to this time no examination of the urine had been made—no albumen was found. About a month or five weeks before her death her feet began to swell, and soon after that her hands became very puffy, the cedematous tumor making a very marked prominence on the back of them. About three weeks before her death she fell into a lethargic state, in which she continued for four or five days, the diarrhoea continuing and amounting to four or five stools a day. By inducing free perspiration, by means of foot baths, she was relieved from this lethargy, and enjoyed the full possession of mind for a week or ten days longer, when she became again somewhat lethargic, and three days before death, the cedema having all disappeared, she was seized with convulsions, and these were repeated to the number of twenty-two in a period of sixteen hours. After the convulsions she did not recover her consciousness, and died about twenty-four hours after the last had ceased, in a comatose condition, either from the effusion of watery fluid in the cerebral cavity, or from the deeper influences of the urea in the blood, or the congestive action produced by the epileptiform convulsions of which she had had so many.

The friends were considerate enough to ask if I desired a post-mortem examination, I having had, on account of the absence of her physicians, the principal charge of her during the last weeks of her life. The examination was made of all parts except the head. The lungs were only moderately tubercular, and the breaking down of tissue was not considerable. There was a moderate amount of effusion in the serous cavities, as is common in those who die a protracted death, whose symptoms are analogous to hers, especially when the blood is watery. The intestines were found ulcerated through yards of their extent. On

the inner surface the ulcerations were not regular, but were grouped irregularly on the outside of some of Peyer's plates; on the peritoneal surface could be seen distinct tubercles, the neighboring tissue being vascularized. The liver was fatty, the heart moderately fatty. These, I believe, were all the lesions noticed, with the exception of what was found in the kidneys. These organs were very pale, portions of them nearly as pale as the surface of the body, and had a sort of cadaveric look. In one of them the vascularity had become changed from that regular arrangement which is recognised as the normal distribution of the vessels upon the surface, to a stellate aggregation of them. On section the pyramids were about their natural color, and contrasted very strongly with the whitened tissue of the cortical portion. The kidneys were not enlarged. Under the microscope there were worlds of granules, in the place of epithelial scales and sound cells; there were also nuclei in abundance, and a slight amount of fatty degeneration of the cells.

DR. CLARK had reason to believe that the degeneration was recent, and that its cause could be traced to the ulcerative disease of the intestine. He remarked that the point was not new with him, as it could be found stated in the work of Goodfellow. He then proceeded to relate the second case as follows:—

The other case was also one of Bright's disease, in the practice of Dr. T. M. Cheesman, and one which gave to the physicians a great deal of trouble in regard to diagnosis. The cause of death was interesting. The case I will give in a few words:—A gentleman, *æt.* 35, of temperate habits, and pretty well known in New York, about eight weeks ago, found himself sick enough to abandon his business, and take to his house. Pretty soon after this he was obliged to take to his bed; feeling exceedingly weak, looking pale, and losing flesh, he still had not for a long time a single positive symptom. At length it was ascertained that there was blood in the urine, and that he had had rheumatic pains in the wrists and leg. Beyond these pains, called rheumatic, he really did not suffer except from what might be called prostration; he felt faint, had often no appetite for food, and his digestion was very poor. Gradually he lost his strength, his pulse became more and more rapid, and a week before his death I saw him with his physician. At that time expecting when I went to find a case of fever, although it was not stated to me that that was the disease, I was surprised to find that peculiar and characteristic paleness so commonly met with in Bright's disease. I then expected, of course, to find albumen in his urine, although there was not the least cedema about him. A portion of the urine was taken home for examination, and was found of high specific gravity, 1023 or, 1024; no albumen could be detected. There was a very abundant yellowish sediment, which to my surprise consisted of a vast quantity of uric acid, in lozenge-shaped crystals, of very small size. No casts could be found, perhaps on account of the abundance of this precipitate. On the second visit I was obliged to say that I did not know what was the matter with the man; I had before thought that there might be Bright's disease, but there was no symptom that was clear, except only the complexion. The urine had failed to give us any satisfaction, but I thought it important to examine the secretion at every future visit, so as to discover over any changes that might throw light on the case. But while in consultation we heard this gentleman call aloud as if suffering from pain; knowing, however, that he was just about to have a stool, and supposing that the pain might be occasioned by raising him to place the bedpan under him, it did not excite our apprehensions. When, however, the call was once or twice repeated, the attending physician went in, and in a moment returned, asking me to go in with him. We found the patient's pulse almost extinguished, and his lips if possible were a little more blanched than before. His eyes rolled involuntarily, and he seemed as near syncope as could be. We gave him some brandy, and this revived him sufficiently to enable us to

hope that he would go through the oppression, the cause of which did not occur to any of us. Reviving considerably I was obliged to leave him, but the attending physician remained. He soon found, however, that brandy did not sustain, and in about an hour after the patient ceased to breathe.

Post-mortem Examination.—Lungs healthy, and heart healthy, with the exception of a slight fatty degeneration (Quain's). The liver was a little yellowish, though not enough diseased to account for symptoms. The intestines were entirely healthy; the thing, however, that struck us on opening the abdomen was a sheet of coagulated blood, lying immediately in contact with the anterior wall of the abdomen, overlying the omentum, and also the surface of the intestines. This was gathered up, and we estimated that the whole amount of blood lost, including the serum, was about three half pints; this we considered sufficient to destroy life in a man so feeble previous to his last sinking. It was a point of great interest to ascertain where this blood came from. We were not obliged to search very long before we found this little tumor in the omentum, about one inch below the transverse colon, and nearly central in the body. No artery was seen running towards it of sufficient size to form an aneurism, and our first thought was that it was probably a vascular tumor, that is to say a malignant tumor; but before examining it we searched elsewhere in the abdominal cavity, believing that if it was really malignant we should find others of a similar character; but we found none. We then cut it open, and found that it had a cavity containing a clot; in other words it was an aneurism, which was opened by a rent into which a common director could easily be passed. It was plain that this gentleman had died from hæmorrhage, and that the hæmorrhage was from that small tumor that had burst about the time we left the room, very likely as the result of an effort upon the bed-pan.

The kidneys were found considerably enlarged, were of the pale appearance just alluded to, and the vascularity upon the surface had undergone material changes. Under the microscope the same appearances as in the preceding specimen were found, but very much more marked. It was very difficult to find a single perfect cell, either in the tubes or pressed out of the tubes. The few that remained were most of them loaded with fat. The case is perhaps interesting in connexion with the specimen presented by Dr. Flint, as one in which the evidences of Bright's disease were so few that both of us felt compelled to say that we did not know what was the matter of the man. The aneurism is certainly a rare one in this position; I do not know how frequently they are found the cause of death, but I am sure not very often. Examined by the microscope, the walls of the tumor were found to consist of the condensed areolar tissue found in the coats of arteries.

Dr. SANDS did not know of any vessels of name in that particular locality, where the aneurism was found; the omentum was supplied by branches of the gastro-epiploic arteries, which were very insignificant in size.

In answer to a question by Dr. Bibbins, Dr. C. stated that no atheromatous deposit was found in the large arteries.

Dr. SANDS stated that, since the last meeting, he had an opportunity of making a microscopical examination of the intestinal tumor presented by Dr. Loomis, and had found it to be cancerous in character.

Dr. VOSS had also made a similar examination and had come to the same conclusion.

EXTIRPATION OF AN ATROPHIED EYE-BALL, TO CURE SYMPATHETIC INFLAMMATION OF THE OTHER EYE.

Dr. NOYES presented an eye which he had the same day removed from a colored man, æt. 53 years. The eye had been diseased for three years. It became inflamed spontaneously, and in a few months sight was lost. Its inflammatory state never entirely disappeared, but while at times quiescent again it became severe. This continued for

nearly three years. Since the beginning of winter, that is, since four months, the other eye, which had remained sound, began to lose vision. A mist hung before it, and muscæ volitantes sometimes appeared. On examination the lost eye was found atrophied, and sunken into the orbit. There were some large venous trunks coursing over the sclerótica. The globe was soft and tender; and slight pressure with the finger gave decided pain. There had always been more or less supra-orbital and temporal neuralgia.

To arrest the failing sight of the good eye extirpation of the opposite was immediately urged, and after two days performed after the method of Bonnet.

At the dissection the globe was found cuboidal in form, its antero-posterior diameter being $\frac{1}{2}$ of an inch. When the sclerotic and choroid were incised a yellowish fluid escaped, which upon fuller dissection was found to have been between the choroid and retina, and the retina to be completely separated from the choroid except at the ov serrata. The centre of the globe was occupied by a rounded elastic tumor, to which the retina was closely applied. The tumor appeared to be solid, and on cutting it open was found to be so. It was whitish, and laminated in some degree. No traces of normal vitreous humor remained. The tumor appeared to be a mass of inflammatory exudation. Upon one point of the choroid the commencement of calcification was discovered. The crystalline lens had disappeared. The iris was wrinkled, and adherent to the mass occupying the vitreous chamber, the pupil being occluded. The cornea had scarcely more than half its usual diameter, and was opaque. A narrow anterior chamber remained.

As a note to the case, I may add, that the patient declared his vision to be improved on the day after the operation. Upon the sixth day he was allowed to go home, and he asserted that his sight was a great deal clearer. Examination was not made with the ophthalmoscope, neither was his reading power accurately tested.

American Medical Times.

SATURDAY, MAY 3, 1862.

FAILURE OF THE HEALTH BILL.

WE have again to announce the adjournment of the Legislature of this State without the enactment of the New York Health Bill. As there has been a wide-spread interest in this measure, it is but right that we should explain the course of legislative action in regard to it, and the causes of its ultimate failure.

At the commencement of the session three health bills were introduced:—One drawn up by a joint committee of the New York Academy of Medicine, the New York Sanitary Association, the Kings County Medical Society, and a Citizens' Association of Richmond County. This was the Metropolitan Health Bill, which erected these three adjoining counties, embracing Quarantine, into a Health District, having a Central Board of Health, the majority of the members of which were medical men, and the inspectors throughout the District were also medical men. The second Bill emanated from the Police Department, and was essentially the same as the first, except that the governing power was the Commissioners of Police. The third Bill was concocted at the City Inspector's office, and was designed to retain that eminent official in power.

The session opened with a strong feeling in favor of health reform in New York; for five successive years this subject had been urged upon the attention of the Legislature with all the logic which our inexorable death statistics convey to the impartial mind; and nothing now seemed wanting to attain those enactments which would render New York the healthiest city on the globe. What now gave peculiar effectiveness to the efforts of the friends of reform was the spread of contagious diseases, and especially small-pox, from New York to country towns, and also to the army by the regiments which passed through the city. The country towns of the State, and several of the cities of other states, as Providence (R. I.), New Haven (Ct.), Jersey City (N. J.), represented to our Legislature that their respective communities were constantly infected with diseases derived from New York city; and asked the enactment of laws for the control of preventable diseases in the commercial metropolis of the country. The Governors of several States made similar communications to our State Government. No measure had the strength of the Health Bill during the first half of the session, and all predicted its certain passage, except those who are familiar with the secret but all powerful influences which control Albany legislation.

The several bills were thoroughly canvassed by their friends before the Committees of the two Houses, and finally a joint committee drew up a Bill which contained the distinguishing features of the first Bill above sketched. This Bill passed the Assembly by a constitutional vote. It went into the Senate with the fairest prospects of triumphing over the corruption fund, which was this year swelled to an enormous amount, and which had already begun to make the weak-knees of certain extremely *conscientious* country members tremble. But at the very threshold of the Senate the bill met an enemy more powerful for its defeat than even the corruption fund, and that was the person of HIS HONOR, MAYOR OPDYKE, who had joined hands with the bitterest enemies of the measure, and declared through his attorney, that, unless the bill was so amended as to give him the power in its management which he desired, IT OUGHT TO BE DEFEATED. Amendment at that late day was known to be its certain defeat. The friends of the bill were astounded, nay, bewildered by this announcement; the report was regarded as incredible. MR. OPDYKE had, previously to becoming Mayor of New York, been a warm advocate of the Health Bill, and had personally, in former years, gone before the Legislature to urge its passage. Besides, a delegation of citizens waited upon him early in the session, before the bill was drafted, to secure his co-operation during the winter, and desired to place him in such relation to the measure as would best subserve the interests of the city.

But the report proved to be too true; MAYOR OPDYKE had really joined the "Ring" that by corruption, falsehood, political intrigues, and every unseemly device, annually unites in unholy bonds to defeat this most righteous measure. At once the wavering, who were bound by every moral obligation to sustain the Bill, but who had been tampered with and only wanted some scapegoat to hide their shame, welcomed the proffered protection of the Mayor, and became its subtle opponents. Lieut.-Gov. Campbell, heretofore a warm and consistent friend of the Bill, SENATOR ABBOTT, of Cayuga Co., SENATOR TRUMAN, of Steuben Co., SENATOR ANGEL, of Allegany Co., are among

the number whose real convictions of duty were plain and unmistakable, but who now disregarded every consideration of justice and humanity, and took counsel only with the demon of party prejudice. The Health Bill was a failure from the moment the Mayor produced this defection in the ranks of its nominal, and but for his personal persuasion, actual supporters. Thus were crushed, in a moment, the long-deferred hopes of the benevolent and philanthropic of our city; and thus at one ruthless, heartless dash of official power, the fruits of years of self-sacrificing and disinterested labors were blighted. It is proved to a mathematical demonstration that at least 9,000 of our laboring poor die annually, that would be saved by the enforcement of the provisions of the Health Bill just defeated. Who will not commiserate the man that in later life will have to reflect that for personal gain and political power, which will doubtless turn to ashes in his grasp, he sacrificed the lives, health, happiness, and well-being of tens of thousands of his fellow-men?

Such is the simple story of the defeat of the Health Bill in the Legislature of 1862. While we would hold up to the scorn of our citizens the thrice guilty authors of this great public calamity—for in no other light can it be viewed—let us do all honor to those members of the Legislature who advocated the Bill with unanswerable arguments. From this district the HON. MR. BENEDICT and SENATOR SMITH, of Kings co., SPEAKER RAYMOND and the HON. ROYAL PHELPS, of this city, and the HON. MR. ELY, of Richmond, deserve and will receive the lasting gratitude of every philanthropic citizen. We cannot forbear to notice the noble stand of MESSRS. PHELPS and ELY, who both belonged to the party which would be most seriously affected by the passage of the Bill, yet who declared that when such a great public measure came before them as legislators, they would disregard all mere party obligations, and give it their unqualified support. In what striking contrast do such declarations of duty appear with the pitiful apology with which MAYOR OPDYKE attempts to justify his defeat of the Bill! Of the country members who especially interested themselves in the Health Bill, we may mention, not invidiously, MESSRS. PRINGLE, BOWEN, STETSON, PRYNE, and SENATORS TOBEY, MONTGOMERY, MUNROE.

CHANGES IN THE MEDICAL BUREAU.

FROM the commencement of the present war we have been zealous advocates of a reorganization of the Medical Department of the Army. In this matter we have taken no counsel of individuals, nor have we allowed the interests of individuals to control our judgment. We had long been familiar with defects in the Medical Bureau, and these we have sought to remedy in the only practicable manner, viz. by that reform which the exigencies of our times imperatively demanded. Our sole aim has been to place on a broader and more scientific basis this arm of the public service, which should be all-powerful for good. In the consideration of the questions growing out of this discussion no reflections upon individuals have been made, and no criticisms of delinquencies in official stations have been indulged in to give effect to arguments. For the Medical Staff as a body we entertain the most profound respect and fraternal feeling, and have always deemed it a most pleasurable duty to bear our testimony to its high professional character. With rare devotion to the highest prin-

ciples of medical morality, the corps has maintained itself free from all forms of charlatany, which nowadays succeeds in creeping covertly into nearly every organization. Great as are the personal sacrifices which medical men are often compelled to make in civil practice, they bear no comparison to the almost constant laborious duties, self-sacrifices, and deprivations, which have been the daily lot of the entire Medical Staff of our Army hitherto. Many a young man of the first talent, and the most thorough educational qualification for attaining position in civil life, has entered the Staff and spent his early and maturer years on outpost duty, far removed from the refining influences of civilized society, and totally deprived of every opportunity for professional association and improvement. We should be wanting in the common instincts of humanity, and much more in that appreciation of true merit which should ever characterize our profession, did we fail to recognise and acknowledge the claims of the Regular Medical Staff of the Army to professional and public consideration.

The reforms that have been sought are obtained, and the Medical Department is placed on a new footing. Important changes must be made to give that wider scope and efficiency to its service which the Act of Congress contemplates. An Assistant Surgeon-General is to be appointed, and the entire Bureau of Sanitary Inspection is to be organized. For the former position no one of the senior surgeons has the qualifications by familiarity with the details of the department, of DR. SATTERLEE, and DR. R. C. WOOD, the late acting Surgeon-General; and of the juniors, Assistant-Surgeons EDWARDS and COOLIDGE would have the most available and practical knowledge of the duties of the office. The Bureau of Sanitary Inspection will be organized, we trust, by placing at its head as eminent a representative of the Volunteer corps as now represents the Regular Staff at the head of the Medical Department. Many names will suggest themselves to every reader, the most prominent being HAMILTON and LYMAN; while for the eight inspectorial offices the names of CUYLER, COOPER, J. H. BAILEY, TRIPPLER, VOLLUM, of the Regular Staff, and DALTON, CLYMER, ANDREWS, and SUCKLEY, of the Volunteer Corps. But we have no wish to forestall the selection of the President; that his action will be judicious, we have abundant proof in the appointment he has already made to fill the highest office.

We may add, that whatever appointments or changes may be required to give efficiency to the Department, we trust such consideration will be given to the senior members that they will have no occasion to regret the reform that has been inaugurated. Many have grown old in this ill-requited public service, who in civil practice might have attained to pecuniary independence. In every position to which they have been called, they have discharged their onerous duties without consulting personal interest or comfort. During the present struggle of our Government, the senior members of the Staff have displayed the most praiseworthy zeal in the several departments to which they have been assigned. Their ripe experience has been of infinite service in the proper direction of the early voluntary efforts of citizens to supply our improvised armies with necessaries, as well as in the subsequent systematizing of the medical affairs of the Military Departments. The citizens of this city will not soon forget the untiring efforts of DR. SATTERLEE, the Medical Purveyor at this station, during the early military movements of this war. He was ever found ready

to co-operate with the citizens in the military preparations of the volunteers, and to his advice and suggestion we owe much that was so opportunely done to prevent subsequent suffering.

From other departments we hear the senior member of the Staff spoken of by the surgeons to the volunteer forces in terms of unqualified commendation. DR. CUYLER, at Fortress Monroe, has directed the medical administration of that station with consummate ability; in the Southern Department DR. COOPER has been equally efficient, and the same may be said of DR. DE CAMP, and the energetic Purveyor DR. J. H. BAILEY, of the Western Department. It will, we believe, gratify the younger members of the Staff, and of the medical profession at large, to learn that the senior members are placed in such positions as will be agreeable to them, and render their service most useful to the country.

THE WEEK.

THE annual Tax Levy of the city of New York, which has just passed the Legislature, contains the following items for salaries of the functionaries who have the public health of the city in charge:—

Salaries.—City Inspector's Department.—For salary of the City Inspector, and of the Officers, Clerks, Messengers, and Inspectors attached to, or connected with, his office, and in each of the bureaux and offices in said Department—One hundred and nineteen thousand two hundred and twenty-eight dollars . . . \$119,228 00

Salaries.—Commissioners of Health.—For salaries of the Resident Physician, Health Commissioner, and the Clerk of the Board of Commissioners of Health—Four thousand two hundred and fifty dollars . . . 4,250 00

Board of Health.—For the compensation of the Resident Physician for his services as Agent of the Board of Health, and for expenses which may be incurred by said Board beyond the amount provided for under other heads of account—Six thousand dollars . . . 6,000 00

Total . . . \$129,478 00

It appears, therefore, that this city is to pay during the current year, 1st, nearly \$120,000 to support the vulgar crew of emigrant runners, barkeepers, policy dealers, rum-sellers, and loafers, who make up the 138 officers, clerks, messengers, and inspectors attached to, or connected with (significant expression) the City Inspector's office, and who have in special charge the public health of New York; 2d, upwards of \$4000 is to be paid to the Resident Physician, Health Commissioner, and Clerk of the Board—Officials who never return to the city one farthing's value of services; 3d, \$6000 for the compensation of the Resident Physician for his services as agent of the Board of Health, etc. As the Board of Health never meet, the Resident Physician of New York enjoys a very comfortable sinecure, having literally no other official business to perform than sign the quarterly pay roll, and pocket his unearned salary.

This gigantic system of public support of a class of political sharpers, under pretence of preserving the public health, the Metropolitan Health Bill (which they have just defeated, with the aid of the Mayor) was designed to overthrow. Although it would have embraced three counties in its operation, the limit of its expenditures for salaries would not have reached \$60,000. It would be greatly for the

interest as well as the health of the city if every vestige of this health organization were obliterated. One fact is certain; a large number of pauper politicians would then be left without any visible means of support, and would be compelled to seek a more honest livelihood, or that final resting-place of their class—the Almshouse.

We have noticed the fact that in some of the European armies the soldier is provided with appliances for temporarily meeting the exigencies of the battle field. Everyone is supplied with bandages and a small tourniquet which his comrade can use, or which is at hand when the dresser reaches him. The moral effect which those provisions against sudden accidents have, is very great, and should be carefully attended to by every Government. Our attention is again called to this subject by the ingenious tourniquet illustrated in another column. It is cheap, is easily applied, and does not so surround the limb as to interfere with the venous circulation. Such an instrument should be supplied to every soldier about to go into battle.

Among the passengers by the last steamer to Europe was PROF. CHARLES A. LEE, M.D., of Peekskill, N. Y. PROF. LEE intends to visit the medical institutions of Europe, and will eventually extend his travels to Greece, Egypt, and Palestine. We expect to have the pleasure of laying before our readers frequent communications from this distinguished member of our profession.

THE New York Sanitary Association has recently had under discussion the subject of compulsory vaccination. The results of its deliberations are embodied in the following resolutions:—

The series of resolutions in respect to vaccination and revaccination, laid on the table at the last meeting, were taken up, discussed, and in the following amended form adopted.

Whereas, This Association, after mature deliberation, has become convinced that vaccination and revaccination, as often as every seven years, is necessary to protect this community against small-pox, therefore,

Resolved, That in the judgment of this Association, further legislation is imperatively required to secure a more general and effective vaccination, but so framed as to avoid offensive compulsion if possible.

Resolved, That, in the opinion of this Association the Board of Education, or the Legislature, or whatever body is necessary, ought to pass and enforce an ordinance prohibiting the attendance in all the schools receiving any part of the public moneys of any children who have not been well vaccinated, or variolated within seven years, or who cannot show a valid certificate to that effect, giving the date of the vaccination or variolation.

Resolved, That in the opinion of this Association the Metropolitan Police Commission should cause all policemen, or others under their employ, to be vaccinated, or show a valid certificate or proof of vaccination or variolation within seven years.

Resolved, That measures should be taken for the passage of a law compelling the vaccination of every prisoner shortly before discharge.

Resolved, That in the opinion of this Association the Commissioners of Charities and Correction, as well as all other bodies having the care of the poor, should comply with the above rule in all institutions under them, and withhold all in or out door relief of any kind until vaccination is performed, or the dates of previous vaccination ascertained, and that the Legislature should make the same a feature of all chartered institutions.

Resolved, That it should be made necessary that every person affected by the above ordinances shall be required to procure and preserve a vaccine certificate, properly filled out and dated.

Reviews.

A SYSTEM OF SURGERY; PATHOLOGICAL, DIAGNOSTIC, THERAPEUTIC, AND OPERATIVE, by SAMUEL D. GROSS, M.D., Professor of Surgery in the Jefferson Medical College of Philadelphia, etc. Illustrated by twelve hundred and twenty-seven Engravings. Second Edition. Much enlarged and carefully revised. In two volumes. Blanchard & Lea. 1862.

We are much gratified to be able to announce a new edition of this Cyclopædia of Surgery. Considering the large size of the work and its expensiveness, the extremely rapid sale and exhaustion of an entire edition, not only proves the value of the work, and its adaptation to the wants of the profession, but it speaks well for the intelligence of American surgeons. The Second Edition bears evidence of careful revision, on nearly every page; and whole sections of new matter prove with what care and pains-taking the distinguished author has labored to render his work worthy of the patronage of the profession. We cannot enter into even a specification of the additions which have been made, but will simply add that the work is still the most complete exponent of the science and art of surgery in our language.

SCIENTIFIC BRUTALITY.—The first case, I think, is characteristic of the genius of the man (Maisonneuve): viz. amputation of the forearm by the use of the *flèche*. I did not see it myself, as it occurred in summer, but the details have been furnished to me by a friend who was present on the occasion. The first step in the operation was the breaking of the bones, which was accomplished in the following manner: two blocks of wood, at a short distance from each other, were placed upon the arm, then a curved iron bar was passed *beneath* it at the part corresponding to the interval between the blocks, while a small chain extended from one end of the bar to the other *over* the arm, and was attached to a screwing apparatus, by means of which the bar was gradually forced upwards, and counter-pressure was made upon the blocks, until at last the two bones were compelled to give way; this was done without chloroform. The *flèches* were then introduced into the flesh in a circular manner round the circumference of the arm. The patient succumbed in about a day thereafter. The amputation was performed for some affection of the hand, from the effects of which the patient would have died in a short time at any rate. What was the object in performing the operation in this somewhat novel manner, my friend could not inform me, unless it was as an *experimentum crucis* (Dr. W. Turner in *Edin. Med. Journal*, March, 1862.)

M. PRIORRY, in a most severe and dangerous case of nasal hæmorrhage, which had resisted all the ordinary methods of treatment, and had continued for several days, arrested the hæmorrhage in the following way. Reflecting upon the fact that he had at times arrested pulmonary hæmorrhage by causing the patient to draw deep and frequent inspirations, he thought that the plan might be adopted in this case. He therefore made the patient sit down, removed the charpie plugs, and ordered him to breathe deeply and quickly. The hæmorrhage ceased almost immediately, to the great satisfaction of the professor and his pupils. Ligatures were then applied for a time above the calves of the legs and above the fore-arms. The hæmorrhage did not return.—*Brit. Med. Jour.*

Recent Inventions.

NEW APPARATUS

FOR THE

TREATMENT OF FRACTURES OF THE LONG BONES.

BY JOSEPH H. VEDDER, M.D.,

OF FLUSHING, L. I.

In the *MEDICAL TIMES*, of January 12, a new apparatus was presented for the treatment of morbus coxarius, that recommended itself for simplicity. The mechanical contrivance then described, may be so modified as to have a wider application in the treatment of certain fractures of the long bones and affections of the joints in which the above indication is to be met.

FRACTURES OF THE THIGH AND LEG.—The adjoining cut represents a long splint for fractures of the thigh and leg. It consists of a strip of wood in two fragments, three and a quarter inches in width, extending from the crest of the ilium to a distance four inches below the sole of the foot. On the external surface of the splint, at a point corresponding with the knee, is fastened a hinge with a detachable pin. To the upper fragment of the splint, on the inside, is fitted by a pivot, a thin steel plate seven inches in length, and in width the same as the splint. On the lower surface of the plate is fixed a button to slide into the groove seen on the lower fragment of the splint. By this arrangement at the knee, the splint may be folded together for convenience in packing when not in use. On the lower end of the splint, is fixed a narrow metallic bar, on which slides a box, having a pulley above, and a thumb screw below, by means of which the *line of extension may be suited to the axis of the limb*. On the outside of the splint may be seen two depressions guarded by a steel plate,

so arranged that the ratchet plate may be firmly applied and removed at will.

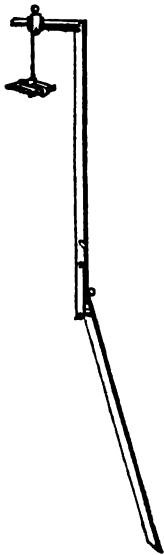


FIG. 1.

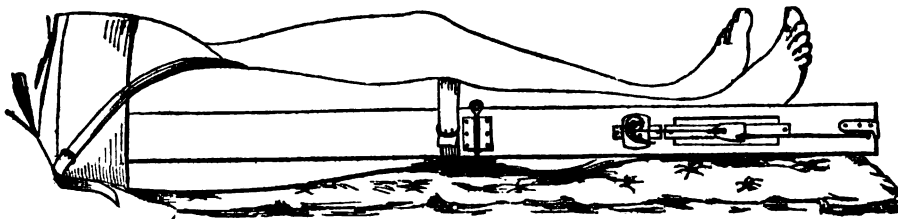


FIG. 2.

tube, fastening either end to the tape. Thus, moderate extension may be gained. It is well to stuff the tube with candlewick before fastening the ends.

For extension, a strip of canton flannel or other adhesive plaster, two inches in width, having been passed through the bracket in the foot block, is applied to the limb on either side in the direction of its long axis from a point below the fracture, forming a loop under the sole of

Fig. 1.—The cut represents the long splint inverted and bent at the knee, to show the foot block and the mechanical arrangement by which it may be folded when not in use, and securely straightened when in use.

The *extension ratchet pulley* consists of a metallic plate, having two buttons on its lower surface, to correspond with holes on the splint—on the centre of which is fixed a grooved wheel, smooth on its inner edge, and ratcheted on its outer edge. This wheel is revolved by

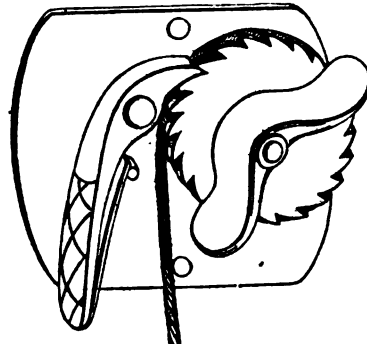


FIG. 3.

means of the thumb plate or lever, and is secured at any desired point by a spring-catch. Into this pulley is fastened a strong catgut cord or linen twine, which runs down the splint and is attached by a loop to the upper hook on the *retentive box*.

The retentive apparatus consists of a thin bar of steel, notched with teeth on one edge, and fastened at either end into a depression made in the splint, on which glides a metallic box, provided with a hook above and below, and having on its under surface a projection to catch into the teeth. It will be seen that this box glides readily upwards, but is prevented from slipping downwards by the catch.

To the lower hook of the box is fastened by a loop, a catgut string or strong linen cord, which, running down the splint and through it, over a roller, passes over another roller and is tied to the hook on the *foot block*.

The treatment of fractures of the thigh and leg by this apparatus does not differ essentially from that generally practised where the Desault splint is used. Counter-extension is effected by slipping the upper end of the splint into the pocket made in the combined pelvic belt and perineal band. The perineal strap is made after the plan now generally adopted in the New York Hospitals, by passing a strong tourniquet tape of the required length through a shorter piece of india-rubber tubing of suitable size, and, having left a slight excess of tape within the

the foot. The surgeon may add to its security by cross-pieces at intervals. The natural heat of the body is sufficient to produce adhesion, but if the surgeon choose he may more speedily effect the same end by artificial heat or the application of turpentine to the surface of the plaster. The plaster will be less liable to yield if allowed to set an hour or two before much extension is made. In all cases when extension by adhesive plaster is made use of, the natural yielding of the soft parts is such that the *loop should be left as short as possible*.

FIG. 2.—Ratchet Pulley.

FIG. 3.—Long Splint applied.

Co-aptation splints, if deemed necessary, having been secured about the point of fracture by the straps to be hereafter described, and the foot block, to prevent abrasion of the malleoli, having been slipped into the adhesive stirrup, the catgut string is tied to the hook and extension is gained by revolving the ratcheted pulley on the outside of the splint. This form of foot block differs from that generally in use. By passing the plaster between the bracket and board slitting of the plaster is avoided.

It will be readily seen, that if the ratchet pulley be now removed, extension will be maintained by the retentive-box. Not only does the surgeon have this extension ratchet for application in any number of cases, but he also carries with him the key by which it is made in any individual case. In his absence the patient will be unable to "let up" or relax extension.

TREATMENT OF FRACTURES OF THE ARM AND FOREARM BY EXTENSION AND COUNTER-EXTENSION.—A strip of adhesive plaster is so placed on the arm, below the point of

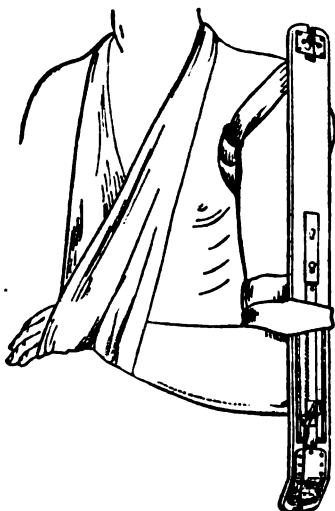


FIG. 4.

fracture, as to form a loop below the arm for extension. Counter-extension is made from the axilla, by means of a

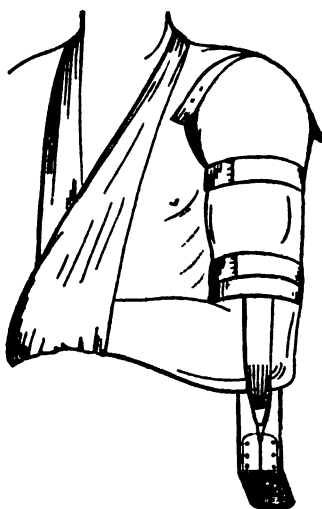


FIG. 5.

strap (corresponding with the perineal strap), if the splint be placed on the external or posterior aspects of the arm,

Fig. 4.—Arm Splint applied with axillary strap.
Fig. 5.—Arm Splint applied with axillary crutch.

or if the splint be placed on its inner aspect by the axillary crutch. The narrow splint, constructed similarly to the lower fragment of the thigh splint, is made fast by its upper extremity to the belt or crutch, as the case may be, while the catgut cord running over the roller in the shorter fragment, having been tied to the adhesive loop, extension is made as before.

To prevent lateral motion of the parts, and to obviate the tendency of the lower fractured fragment of the bone to tilt upwards, it will sometimes be found necessary to place at intervals cross adhesive strips around both arm and splint.

FRACTURES OF THE FOREARM.—The adjoining cut perhaps illustrates definitely enough the form of splint and application of the same to fractures of the forearm. Counter-extension is made either by encircling the arm

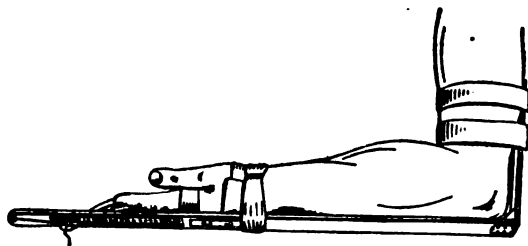


FIG. 6.

and splint, when the splint is placed on the inferior aspect of the forearm, with adhesive plaster, or by running a strip of the same from the point of fracture on the inner aspect of the forearm over the shorter fragment of the splint to a corresponding point on the outer aspect of the forearm. Extension is gained by so placing an adhesive plaster on the palmar and opposite surface of the forearm and hand as to form a loop above the fingers. To the loop the catgut is tied and extension is effected as before. In whatever position the surgeon may place the limb, whether looking directly upwards or directly backwards, or in the generally advised position between the two, the splint may be readily applied and secured.

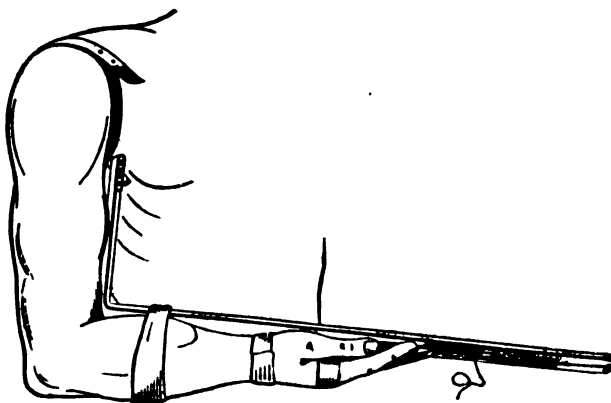


FIG. 7.

When, by reason of compound fracture, the splint is placed on the superior aspect of the forearm, the pressure of the shorter fragment on the arm forms the point of counter-extension. If it be found that the slight pressure on the veins thus occasioned be productive of pain or congestion in the wound, it may be deemed best to secure a point of counter-extension from the shoulder. Insert the pin of the crutch into the tube on the upper end of the splint, and having placed the pad against the shoulder, a firm point for counter-extension is obtained.

Fig. 6.—Forearm Splint with counter-extension from the arm.
Fig. 7.—Forearm Splint with counter-extension from the shoulder.

READY FIELD SPLINTS FOR ARMY SURGEONS.—Dr. Veder states that he is indebted to Foster Swift, M.D., of New York City, Surgeon 8th N. Y. S. M., for the following description of an extemporaneous fracture device that may prove valuable occasionally to other than military surgeons. Dr. Swift says:—"I enclose a succinct description of an extemporaneous splint which was more particularly adapted to the treatment of arm fractures from gunshot wounds, and which was especially serviceable in putting the patient in a condition to be transportable with comparative comfort."

"After the battle of Bull Run, on the 21st July last, we were left with four or five cases of fractured arms, with no appliances for their treatment, and with the prospect of their transportation over a rough road in rough wagons to Manassas, and from thence to Richmond. Without splints and without any light material to make them of, I am indebted to Dr. Huges, of one of the Mississippi regiments in the rebel army, for the following simple contrivance, which afforded great relief to our wounded men in their jolting journey. Two strips of adhesive plaster were cut two feet in length and three inches in width, one of which was carried over



FIG. 8.

the upper fragment to the point of fracture, leaving a loop above; the other was carried in a similar manner over the lower fragment forming a loop below. A piece of board about one foot longer than the fractured limb with a V-shaped piece removed from each end was then applied to the arm. The lower loop was tied by a bandage to the lower V, and the upper loop to the upper V. The fragments were thus separated, and the limb could be

secured to the splint by a simple turn of the bandage, above and below the point of fracture, thus leaving the orifice of the entrance and exit of the ball open."

Not only upon the battle-field, but also in railroad accidents, is the surgeon often obliged to transport his patient to a suitable place for treatment. When he is unable to provide himself with boards, or is without the means of sawing out the V-shaped piece, he may extemporize a retentive splint from tree branches.

Bind together two straight branches of suitable size and length, so that a fork will be left on either end over which the bandage attached to the loops may be tied. In place of the upper adhesive loop the surgeon may use an axillary strap made of such material as may be at hand, and in place of the lower loop, he may substitute a handkerchief bandage. The necessary pads and bandages may be made from such material as is convenient. If one branch be *let into the other by a notch* before they are bound together, the splint will be firm enough to bear any pressure.

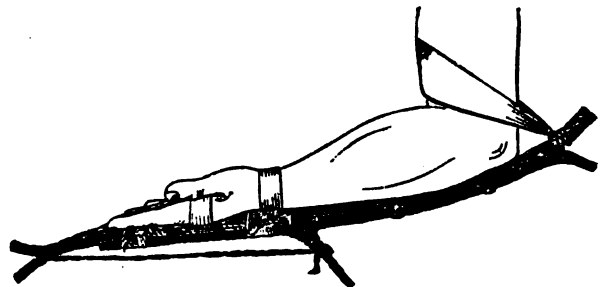


FIG. 9.

In fractures of the forearm the two branches must be so bound together that the fork at the elbow may be parallel with the long axis of the arm, and the fork at the opposite extremity parallel with the hand in a supine position. A short fork must be left in the middle of the rustic



FIG. 10.

splint to which the hand loop may be tied, after the manner described in the paper on extension.

In fractures of the leg and thigh, if no more available appliance is at hand, the field surgeon may construct a ready extension apparatus,* thus: apply an adhesive plaster above the point of fracture so as to form a short loop on the outside of the limb between the head of the bone and the crest of the ilium, and in the same manner form a loop below the point of fracture above the external malleolus. Place on the outside of the limb parallel with its long axis, two forked branches, hinged at the knee by a cord or strip of bandage, and, on the opposite side of the

limb, place a long straight branch. If, now, the loops be tied to the forked ends and the *splint then straightened*, extension to the required length will be effected. To secure this extension bind the two hinged branches together. Let a bandage now be turned around the splints and leg. In place of the upper adhesive loop a perineal strap may be used, and in place of the lower loop, a handkerchief bandage. *In making the hinge at the knee, let both branches be deeply notched to hold the cord in place.*

Thus, with adhesive plaster, a few bandages, and a pocket knife, the field surgeon has always at hand means adequate to render a patient with a fractured limb comfortable during transportation to a general hospital.

FIG. 8.—Field Arm Splint.

* In two cases of morbus coxarius I have successfully made use of a simple wooden splint for extension, of which this is a modification.

FIG. 9.—Field Forearm Splint applied.

FIG. 10.—Field Extension Thigh Splint partially applied.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 21st day of April to the 28th day of April, 1882.

Deaths.—Men, 86; women, 89; boys, 108; girls, 94—total, 377. Adults, 175; children, 202; males, 194; females, 183; colored, 10. Infants under two years of age, 128. Children reported of native parents, 20; foreign, 180.

Among the causes of death we notice:—Apoplexy, 6; Infantile convulsions, 19; croup, 7; diphtheria, 4; scarlet fever, 26; typhus and typhoid fevers, 10; consumption, 77; small-pox, 12; droopy of head, 19; infantile-mariasmus, 21; diarrhoea and dysentery, 0; inflammation of brain, 6; of bowels, 14; of lungs, 94; bronchitis, 6; congestion of brain, 6; of lungs, 8; erysipelas, 0; whooping cough, 5; measles, 3. 193 deaths occurred from acute diseases, and 88 from violent causes. 259 were native, and 128 foreign; of whom 77 came from Ireland; 6 died in the Immigrant Institution, and 48 in the City Charities; of whom 11 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

April, 1882	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity Satiation, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	.	.	.	.	.
20th.	29.98	.10	44	40	48	5	9	N. to S.	3	677
21st.	29.97	.30	49	40	45	1	2.5	N.E. to S.E.	9.8	950
22d.	29.60	.40	50	42	60	8	5	N.E. to S.E.	7	800
23d.	29.80	.40	48	38	60	9	14	N.W.	1	500
24th.	30.04	.30	47	34	60	9	15	N.W.	.08	490
25th.	30.20	.18	44	36	56	7	13	N.E. to S.E.	1.7	594
26th.	30.24	.14	44	38	57	7	11	N.E. to S.	9	594

REMARKS.—20th, Light rain A.M.; variable P.M.; clear, late. 21st, Light rain A.M.; cloudy day; N.E. storm during the night to 4 A.M. 22d, Variable, with warm showers. 23d, Variable evening. 24th, Variable morning. 25th, Fog morning. Wind for the last four days of the week mostly fresh.

MEDICAL DIARY OF THE WEEK.

Monday, May 5.	{	NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M.
Tuesday, May 6.	{	BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, May 7.	{	NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1st. Hoc, half-past 1 P.M. " " Dr. Flint, 1st. Hoc, 8 P.M.
Thursday, May 8.	{	EYE INFIRMARY, 12 M. NEW YORK ACADEMY OF MEDICINE, 8 P.M.
Friday, May 9.	{	NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Saturday, May 10.	{	EYE INFIRMARY, 12 M. BELLEVUE HOSPITAL, Dr. McCreedy, half-past 1 P.M.
	{	NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

NEW YORK ACADEMY OF MEDICINE.—On Wednesday Evening, May 7th, DR. ALONZO CLARK will present the subject of "Albuminuria, its Symptomatology, Pathology," etc., etc.

NEW YORK COUNTY MEDICAL SOCIETY.—The Stated Monthly Meeting of this Society will be held at the College of Physicians and Surgeons, Fourth Avenue, cor. Twenty-third street, on Monday next, 5th inst., at 8 o'clock P.M. Subject for discussion, "Vaccination, its Protective Power," etc. The profession are respectfully invited to attend.

John W. Shedden, Apothecary,
868 Bowery, cor. 4th St.

Squibb's, Allen's, Tilden's, Herring's, and other fine preparations always on hand; also Pure Chloroform and Oxalate of Cerium prepared for use by Duncan Flockhart & Co., Edinburgh.

P. W. BEDFORD,
PHARMACEUTIST,

REMOVED TO

745 Sixth Avenue, near Forty-fourth Street,

Opposite Sixth Avenue Railroad Depot.

Dr. Alfred C. Post has removed to
269 Madison Avenue, above 40th Street.

NOTICE OF REMOVAL.

DR. HANBURY SMITH

HAS REMOVED HIS

LABORATORY AND SALESROOM TO

808 BROADWAY, Opposite Eleventh Street.

REMOVAL

WILLIAM WOOD,

(Late S. S. & W. Wood,)

MEDICAL BOOKSELLER,

HAS REMOVED TO

No. 61 Walker St., (Four doors West of Broadway.)

DR. N E G G E R A T H

HAS REMOVED HIS OFFICE TO

125 WAVERLEY PLACE.

Douglass' Patent Artificial Leg—re-

commended by the most distinguished surgeons as differing from all others, possessing great STRENGTH, LIGHTNESS, durability, and successful imitation of nature. Adapted to every form of amputation. Descriptive pamphlets free.

Manufactured only by the Inventor,

D. DE FORREST DOUGLASS, Springfield, Mass.

Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

FINKLE & LYON
Sewing Machine Co.
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Descriptive Circulars with Samples of Work
will be sent mail free.

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"NEW TAILORING MACHINE."

Having heretofore aimed almost wholly to supply a Family Machine, which should do all kinds of family sewing, and HAVING SUCCEEDED, we now enter the market with a Manufacturing Machine, which, for elasticity and strength of stitch—for rapid movements—for simplicity and durability, defies competition. While adapted to make the HEAVY ARMY AND NAVY COATS, with linen thread, it can, by a slight change, be made to do the fine family sewing; thus combining in one machine adaptation to FINE FANCY SEWING and HEAVY MANUFACTURING. This can be best appreciated by those who have owned and operated machines. We do not ask or expect the public to be governed by our statements alone. We court investigation, and refer to the thousands who have our machines in successful operation.

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GENERAL AGENTS FOR THE FOLLOWING PREPARATIONS:

AGENTS: T. METCALF & CO., BOSTON, MASS.; H. P. WAKELEE, SAN FRANCISCO, CALIFORNIA; R. L. MASSOT, St. Louis, Mo.;
BALTIMORE, MARYLAND, ETC., ETC.

To be had also from the first class Drug Stores.

ALBESPEYRE'S BLISTERING TISSUE.

This Tissue is always reliable, being of a uniform strength and blistering in six hours. It is neat, handy, economical, and of a great convenience for Physicians (principally country Physicians) Pharmacologists, and Patients. Generally used in the civil practice; it is the only one employed in the active armies and hospitals of France.

ALBESPEYRE'S EPISPASTIC PAPER, is used for maintaining blisters, in preference to any drawing ointments.

RAQUIN'S CAPSULES,

Approved by the French Academy of Medicine—Daily prescribed with success by the profession at large. These Capsules are superior to any similar preparations.

GENEVOIX PURE OIL OF HORSE CHESNUTS.

This ANTI-GOUT preparation is among the numerous topical applications possessed by therapeutics, the best external remedy for Gout, Rheumatism, and NEURALGIA.

N.B. It is very important, in applying this oil, to rub gently on the inflamed part, till the skin is completely saturated with the oil.

E. GENEVOIX, Pharm., 14 Rue des Beaux Arts, Paris.

BLANCAIRD'S PILLS OF IODIDE OF IRON.

Every physician, every work of medicine, regards the Iodide of Iron as an excellent preparation, uniting the properties of both Iron and Iodine.

Each pill contains one grain of Iodide of Iron, the dose is two to four pills a day. None are genuine which have not a reactive silver seal attached to the lower part of the cork, &c., &c.

BLANCAIRD, Pharm., No. 40 Rue Bonaparte, Paris.

BONJEAN'S ERGOTINE & DRAGÉES OF ERGOTINE.

Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of *Secale Cornutum*, minus its poisonous substance. In consequence Bonjean's Ergotine may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of Bonjean's Ergotine is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

LABELONYE, Pharm., No. 19 Rue Bourbon Villeneuve, Paris.

QUEVENNE'S IRON AND DRAGÉES OF IRON BY HYDROGEN.

Physicians desirous to have a faithful article, will prescribe *Genuine Quevenne's Iron*, which is always uniform and reliable, and quite different from the commercial Iron by Hydrogen.

It comes in small bottles, with a tin spoon containing two grains of Iron, which is a dose.

E. GENEVOIX, 14 Rue des Beaux Arts, Paris.

LEBEL'S SAVONULES OF COPAIVA, &c., &c.

The unfriendly action of Copaiva on the stomach, causing nauseous eructations and gastric derangements, renders its continued employment often impossible. In Lebel's Savonules, the Balsam, by its saponification with an alkali, is modified in such a manner, that its digestion is easy and its absorption more ready, besides its elegant form and disguise under a coating of gluten, recovered by sugar as a dragée, neither offend the sight nor displease the palate.

PIERLOT'S VALERIANATE OF AMMONIA, FOR NERVOUS AFFECTIONS.

This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia*, *Epilepsy*, *Convulsions*, *Hysteria*, &c., &c.

Dose.—Two to three teaspoonfuls daily.

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BOUDAULT'S PEPSINE,

Successfully prescribed in *Dyspepsia*, *Gastralgia*, in slow and difficult digestion, in chronic diseases, and also to arrest counting during pregnancy.

Dose.—Fifteen grains in powder, two or three times a day, just before eating.

LABELONYE'S GRANULES OF DIGITALIS.

Each Granule contains one-third of a grain of Hydro-alcoholic Extract of Digitalis Purpurea. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the Pulsations of the Heart, increase rapidly the urinary secretions, act remarkably well in the Nervous Palpitations, Anasarca, and Hypertrophies of the Heart, in various kinds of Dropsies, principally those symptomatic to the Heart.

Dose.—Four to ten Granules daily.

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FRUNEAU'S ASTHMATIC PAPER.

This paper contains a determined quantity of Nitrate of Potash, Belladonna, Hyoscinum, Stramonium, and it burns well, and its pleasant fumes near the patient, in a closed room, relieve immediately all oppressions.

FRUNEAU, Pharm., NANTES, FRANCE.

E. & S. FOUGERA'S COMPOUND DRAGÉES OF SANTONINE.

These Dragées compound of Santonine and Jalapine are at the same time vermifuge and purgative—being coated with sugar they are pleasant to take, even for children. Each Dragée contains half a grain Santonine and one-fifth of a grain of Jalapine, with chocolate and coated with sugar.

Dose.—Ten to twelve a day for an adult, repeated three days.

GELIS & CONTÉ'S DRAGÉES OF LACTATE OF IRON.

Approved by the French Academy of Medicine.

The superiority of action of the Lactate of Iron is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis*, *Whites*, *Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

Dose.—Two to three, three times a day.

PAULLINIA-FOURNIER.

Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia*, *Headache*, *convulsions* of the stomach, &c., &c. It is favorably spoken of by Drs. Troussseau, Pidoux, Grisolle, &c., &c.

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E. & S. FOUGERA'S DRAGÉES AND SYRUP OF PYROPHOSPHATE OF IRON.

The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of general debility, Anemia, *Dyspepsia*, *Neuralgia*, and principally where a nervous tonic is indicated.

Dose.—Two to four Dragées, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as cod liver oil. Dose.—A teaspoonful two or three times a day.

No. 19 Rue Bourbon Villeneuve, Paris.

Original Lectures.

LECTURES ON NEW REMEDIES AND THEIR THERAPEU- TICAL APPLICATIONS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.

By SAMUEL R. PERCY, M.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE VI.—PART III.

RESINA PODOPHYLLI (PODOPHYLLIN).

Modus Operandi.—We find that podophyllin consists of two resins, one soluble in ether, the other in alcohol, the resin which is soluble in ether being in most instances the most active. Both of these resins are soluble in solutions of a caustic alkali, and when so given act rather more quickly as a purgative than when given in combination with an alkali. It will be remembered, that when applied to an ulcerated surface it acted equally well upon the bowels as when given by the mouth, and that it also acted upon the bowels when injected under the skin of a dog. In my lecture on iodine I proved to you that the various secretions of the body had the power of decomposing, rendering colorless, and absorbing, the insoluble iodide of amidine; the same is the fact with this resinous substance, which, although perfectly insoluble in water and saline solutions, becomes soluble in the saliva, gastric fluid, pancreatic and biliary secretions. It is absorbed into the blood, then, whether given in an insoluble powder, or held in solution by an alkali. So far as my experience goes it acts with less irritation when given in solution in an alkali than when given uncombined with an alkali in either pill or powder; because in this way it is more quickly absorbed, flows freely over a larger surface, and thus causes less irritation of the mucous membrane. Most of the resinous cathartics act as drastic purgatives, and by their irritating action on the intestinal canal indirectly excite the liver, and stimulate it into activity, thus acting as cholagogues. The same result is produced in a very mild degree even in the process of digestion. But that this is not due merely to the irritation of the orifice of the hepatic duct, is proved by the dissimilarity of the operation by different materials that stimulate the duodenum in an equal manner. Again, we find that each particular medicine has its own peculiar operation, whether introduced directly into the circulation of the blood, or administered by the mouth. And we find with this agent that in whatever way administered it passes into the blood, is absorbed and carried through the system, producing its own peculiar action of exciting into activity the glandular system, and that by the augmented secretion of these glands it passes out of the blood, and removes from the system the effete matters secreted; thus doing good by removing not only from the bowels but from the glands the irritating *materies morbi* no longer needed in the system, in this manner purging the blood. It is claimed for this medicine that it has an action on the liver similar to mercury, and owing to this asserted similarity it has been called vegetable mercury. How are we to arrive at the facts in this case? I am not aware that any chemical tests could be applied to ascertain the presence of so small an amount of this agent in the liver, for it will be remembered that half a grain of the pure ethereal resin is a full dose. We cannot, then, as Buckheim did with mercury, actually detect it in the liver of dogs to which it was given. But we can (and have by many careful experiments) ascertain that bile exists in very large quantities in the alvine discharges of men and animals to whom the resin has been given; and reasoning from good analogy, we can assert that it has an active agency upon the liver, because diseases of the liver and bilious derangements are cured by its operation.

AM. MED. TIMES, VOL. IV., No. 19.

Again, it is claimed for this medicine that it has a powerful *alterative* action. Using this word in its fullest sense, we cannot but acknowledge that it produces the effects claimed for it, for as the term is used it signifies medicines which *alter* for the better the state of the system. From the action that the resin exerts upon the blood we have seen that it stimulates the function and increases the secretion of various glands, in this way *altering* the composition of the blood itself, and becoming a blood medicine by the change it produces in that fluid by its true eliminative action.

It is asserted by one practitioner that he has cured one hundred and twenty cases of syphilis with podophyllin, and that it acts as well as mercury, without any of its injurious effects. It is undoubtedly obvious to many observers that there is a great decrease in the cases of syphilis of the true Hunterian character, and that a great majority that now exist are readily cured without the use of mercury by good local and general treatment. Of such as these were no doubt the cases here spoken of. Let those cavil who will, but it is an indisputable fact that syphilis is of a milder character here than it was twenty five years ago; and the great majority of cases can be cured without any mercury, and podophyllin in mild cases of soft chancre would be better than most other remedies.

Of its sialagogue action we have spoken in another place.

It is to be regretted that so few physiological and chemical experiments have been performed with this medicine, for without them we are to a great extent ignorant of its true *modus operandi*. I have before promised you that with Dr. Elsberg's assistance I will at our earliest convenience give to the public a work on New Remedies and their Therapeutical Application. Before that work is published I will endeavor to institute a series of experiments, so that we may be able to give a more full and ample account than I can now do, and with this explanation you will excuse me for leaving unsaid many things regarding it that you would otherwise have expected of me.

Doses, and Modes of Administration.—As the podophyllin made by different manufacturers differs in its composition, the amount required for a dose will vary according to the sample that is taken. Again, it will vary in its action; for when the pure resin is taken alone it acts more quickly, and produces more pain than when given in combination with some carminative or sedative. Of the samples that are in the market the full purgative dose for an adult will vary from one to three grains. The amount necessary to be taken will vary of course with the effects required to be produced. If an ordinary dose of "bilious medicine" is required for an adult man, a very good pill will be:—Podophyllin, two grains; capsicum, two grains; both finely powdered and well rubbed together, and made into a mass with a small amount of honey. This pill may be taken at bedtime, and will generally operate in the morning without causing much uneasiness. If a dose is required for a delicate female a pill may be made in the following manner:—Podophyllin, dried carbonate of soda, each one grain; extract of hyoscyamus, two grains. This will be moist enough to work into a pill, and may be taken at bedtime. It is difficult to get children to swallow pills. I therefore usually prepare a syrup in this manner:—Podophyllin, four grains; liquor potassæ, sixteen minims; syrup of ginger, one fluid ounce. The podophyllin in fine powder is rubbed in a warm porcelain mortar with liquor potassæ, and as saponification takes place the syrup is gradually added. For a child from six to ten years old, the dose will be a teaspoonful. There is one great objection to the ordinary podophyllin pills that are put up. They become so hard, and are so slowly dissolved in the stomach and intestines, that they frequently pass but little acted upon. If pills are kept made up, as large a quantity of honey as possible should be the substance with which they are combined; in the warmth and moisture of the stomach they are quickly dissolved. Whether the podophyllin is given in powder or pill it should always be brought to the finest possible

powder, for in this state it produces less irritation and pain than in a coarsely powdered state, and this holds good whether it acts first upon the stomach or upon the lower portion of the small intestines. I administered to a man about two hours after a meal two grains of coarsely powdered commercial podophyllin in a gelatine capsule that had been frequently dipped into a solution of mastich in chloroform. No effect was felt for three and a half hours; it then produced severe griping pains in the lower portion of the small intestines, and a free bilious evacuation, as though it had acted upon the stomach and duodenum. The same dose, administered in the same manner in two gelatine capsules coated in the same way, but the podophyllin first made into a soap with caustic alkali, did not produce the same tormina. Both of these methods of administration were tried several times, with the results above mentioned. Capsules coated in this way are not dissolved in the stomach, and freely pass into the small intestines, until the resinous substance is dissolved by the bile and pancreatic secretion; the same is no doubt frequently the case with dry podophyllin pills, and it is also the case with podophyllin in powder, if administered in large quantities.

The most pleasant way of taking this medicine is in the double gelatine capsules. In this way one or more capsules can be filled with the podophyllin made into soap, and if necessary mixed with a carminative or stimulant.

If it is administered for diseases of the kidneys I think it best to be given in a state of fine powder, and not in solution or combination with any stimulant; it in this manner acts more upon the bowels, and they relieve the kidneys.

When given for its special action to increase the secretion from the liver, in chronic disorders of that organ, a very small dose, frequently repeated, will be found of more service than larger doses at longer intervals; for if a large dose is taken it cannot be repeated in less than three or four days without acting too freely on the bowels; whereas, if a small dose is taken it may be repeated every few hours, and thus keep up its continued mild action. I have a case of chronic hepatitis I am now treating, which has improved in a most satisfactory manner upon the use of cold infusion of the bitter roots and small doses of podophyllin alone. The pills I have given in this instance are thus prepared:—Podophyllin 3 grains; dried carbonate of soda, 20 grains; pow'd calumba root, 30 grains; honey, sufficient to make into a mass, to be divided into 24 pills. Each of these pills contains one-eighth of a grain of podophyllin, which the powdered calumba keeps in a fine state of division. Of these, one pill is taken every four hours, and they produce an easy evacuation about every twelve hours.

I see it stated in several books, that in case an overdose of podophyllin has been taken, lactic acid in the shape of sour milk is the proper antidote. If it was immediately discovered that an overdose had been taken this would be a very good remedy, because it would to a great extent prevent the absorption of the resinous matter, and cause it to spread itself over the coagulated casein, and thus render it easy of evacuation by an irritant emetic of sulphate of zinc or alum. But if an overdose of podophyllin had been taken long enough to be absorbed, I think that a person who would then administer sour milk would be guilty of gross malpractice, for he would be adding to the violence of the pain and the inflammation of the mucous membrane by giving an acid. The proper treatment in such cases would be full and prompt doses of opium. In the griping pains which are sometimes caused by medicinal doses of podophyllin, warm aniseed or ginger tea generally gives relief; but sometimes a dose of paregoric is required.

There are some persons who cannot bear the use of podophyllin without combining it with an opiate; it then acts kindly and well.

In chronic diseases of the liver I have found the combination of podophyllin and sub-nitrate of bismuth of great service. Podophyllin, in poisonous doses, must cause violent inflammation of the stomach and intestines, especially of the mucous surface. I know of no antidote, but I should

think, in addition to the ordinary treatment for gastro-enteritis, free use of the chalk mixture would be of service.

Many writers compare the action of podophyllin to that of jalap, others again think that it is more like scammony, and some compare its action with colocynth; but we have seen that, however much it may resemble these remedies in some respects, it has an action of its own differing from either of them. Of its true physiological and therapeutic action I have no doubt we have much yet to learn, and it will be my endeavor to present you more details of its action in the work I have promised you.

Original Communications.

ON THE PROXIMATE CAUSE OF DELIRIUM TREMENS,

WITH ESPECIAL REFERENCE TO THE TREATMENT OF THE DISEASE.

By M. GONZALEZ ECHEVERRIA, M.D.

THE frequent occurrence of delirium tremens does not seem to have done much towards establishing proper views of its character. The symptoms are, for the most part, the only guides for treatment; the pathological anatomy of the disease being not understood as it should be. Authorities concur in admitting that, when it supervenes upon a debauch, it is due to cerebral excitation or hyperæmia, and to cerebral exhaustion or anæmia, when it occurs upon the withdrawal of the alcoholic stimulus, in those persons accustomed to indulge freely in drinking. This latter statement is, indeed, utterly opposed to what we learn from a close investigation of the appearance of the brain; for cerebral hyperæmia is the proximate cause of delirium tremens in the first as well as in the second case, in which it happens in this wise:—The increased activity of circulation from constant alcoholic stimulus gives rise to a lengthening and dilatation of the cerebral blood-vessels. Now, as soon as the withdrawal of the stimulus diminishes the force of circulation, a stasis of blood takes place, and we have cerebral hyperæmia, the true source of the mental disturbance. Moreover, we shall see that by a reference to the symptoms which present themselves, we are enabled to suspect this very nature of the changes undergone by the brain tissue. The attentive examination of an intemperate man at once shows that, besides his peculiar stammering, there is a manifest tremor; he may be able to control his movements, but never his constant shaking.* These phenomena, even slight, afford undoubted evidences of the congestive state developed in the brain. This disposition to inflammatory congestion increasing, we find that the symptoms of delirium tremens become so identical with those of peri-encephalitis, that we are unable to distinguish the one disease from the other. The only difference I have observed, however, between them, is a fatty degeneration of the brain usually present after repeated attacks of delirium tremens, but which is not noticed by Calmeil in any of the numerous cases of peri-encephalitis reported in his admirable work on *Inflammatory Diseases of the Brain*.

While on this subject it is important to add that, whatever its form, delirium is always caused by cerebral hyperæmia. This statement is at variance with the generally received opinion which considers some of the cases as the result of anæmia of the brain. We have already, we hope, satisfactorily explained the cause of hyperæmia in delirium tremens following upon withdrawal of the alcoholic stimulus, and it is easy to see why such a relation of cause to

* Tremor is a symptom most constantly associated with a sub-inflammatory chronic condition of the nervous centres; therefore, it usually attends softening of the brain, paralysis from hæmorrhage, chronic meningitis, induration of the nervous centres, the result of exudations produced among the elements of the organ, and all slow intoxications attended with cerebral congestions, such, for instance, as those from opium, cannabis indica, etc., etc.

effect should always exist.* But it may be urged that debilitating conditions are usually attended with that symptom. It must, nevertheless, be remembered, that it is a law of pathology that deficient nutrition is the ordinary source of sudden local congestions, and hence we find that delirium often is a relapsing symptom in the convalescence of protracted fevers. Nothing is more common than cerebral congestion with anæmia, chlorosis, or with syphilitic, rheumatic, cancerous, or any other cachexia. Yet, it might be argued again, that, under the latter circumstances, delirium is the effect of a cerebral tumor. It must, however, be borne in mind, that a tumor interfering with the brain does not produce delirium, unless congestion or inflammation be more or less extensively developed in the cerebral tissue connected with the original disease. Even in atrophy of the brain, commonly attended with chronic delirium or mania, the hyperemic state of the brain is evident in the dilatation and lengthening of its blood-vessels. Besides all these clinical facts, the researches of Kussmaul and Tenner confirm, "that anæmia of those parts of the brain situated before the crura cerebri, produces unconsciousness, insensibility, and paralysis in human beings; if spasms occur with these symptoms, some excitable parts behind the thalami optici must have likewise undergone some change."

The forms of delirium tremens which are fatal after the first attacks, are rare, but repeated seizures of the disease become a powerful exciting cause of a secondary diseased state, which is incurable. The cases of dementia and general paralysis, following chronic delirium tremens, are indeed numerous. We are all aware that intemperance is a main cause of insanity; and although all oft repeated attacks of delirium tremens do not necessarily bring on dementia and progressive paralysis, yet they finally have a fatal issue exhibiting the symptoms and the post-mortem characters of peri-encephalitis.

In simple cases the lesion does not go beyond a congestion, which may, however, induce an acute inflammation in the brain. After repeated attacks, that congestion gives place to stasis of blood, and hence the exudations impairing the structure of the organ, as also originating a decided subacute inflammatory condition, which brings on at last acute peri-encephalitis, or progressive paralysis and dementia. Such is the ordinary issue of delirium tremens; and these facts, which are established here as a deduction of pathological researches, were already foreseen by Calmeil. He suspected that repeated attacks of delirium tremens might cause, after some days, either inflammatory congestion, or congestion with granular degeneration of the encephalic tissues. The attentive consideration of several cases of acute diffuse peri-encephalitis, supervening upon alcoholic intoxication, led him to this hypothesis, now sustained by post-mortem examinations.

I have, on different occasions, studied the condition of the brain in delirium tremens, and found it very much resembling that of peri-encephalitis. I will describe it here, as it existed in the case of a woman, a patient of Dr. T. G. Thomas in Bellevue Hospital, who died on the 30th of last December. She died with symptoms of general paralysis, and it was ascertained that she was at first taken sick with delirium tremens. The case being considered one of cerebritis, most likely brought on by alcoholic intoxication, by the request of Dr. Thomas, I examined the whole encephalon of this patient, about twenty-four hours after death. The membranes were markedly congested; the arachnoides, increased in vascularity and thickened, could be detached without tearing from the brain, both being firmly united through fine capillary vessels. On detaching the membranes, the cerebral tissue remained adherent to it, the brain presenting afterwards a rugous surface. There were patches of solid pus in some places of the arachnoid cavity.† The

convulsions were strongly marked and hardened. On slicing the brain the cortical substance was of a violet discoloration and a general punctiform injection. In the optic thalami, the pons varolii, and the cerebellum, the discoloration was deeper, and the surface of the cut looked as if moist more than in any other place. The cerebro-spinal fluid was augmented in the ventricles, and of a reddish tint; the choroid plexuses were much congested, and covered with yellow granulations formed of pus. Examined with the microscope, the cortical substance was found increased in vascularity and in myelocytes; the amorphous matter, very abundant, was mixed with granular corpuscles of exudation, and brilliant fatty granulations. Once the preparation treated with ether, these latter disappeared, or more properly, were united in large globules. The capillaries, varicose and lengthened, had their coats charged with granular exudations of a fibrinous nature. The white substance presented a similar alteration, although in a less degree. The fatty degeneration seemed more advanced in the cortical substance of the anterior part of the cerebral hemispheres and in the cerebellum, than in any other. The cerebro-spinal fluid of the ventricles contained a great deal of granular cells, blood globules, and crystals of hæmatoidine.

I have recently observed the fatty degeneration of the brain remarkably advanced in a portion of the cerebral hemispheres and in its adjoining membranes, sent to me also by Dr. T. G. Thomas. The cortical and white substances had a light discoloration, and were harder than normal. The membranes were intimately united to the cerebral tissue by capillary vessels penetrating into it. Under the microscope both the cortical and white substances appeared markedly granular. There were no granular cells, but the capillary vessels, irregularly distended, were quite masked by granular exudations. Most of the granular elements were of a decidedly fatty nature. This change of the cerebral tissue was besides appreciated by Dr. Thomas, who informed me that the patient died of delirium tremens at the Bellevue Hospital.

Comparing the above changes of the brain with those it undergoes in peri-encephalitis, we will find the same lengthening and dilatation of the capillary vessels, the same abundance of granular amorphous matter and granular cells, which, together with the thickening and adherence of the membranes, characterize the latter disease; the fatty substitution being, therefore, the only peculiarity possessed by delirium tremens. It seems that the alcoholic intoxication induces that morbid alteration in the organs, as the coincidence of chronic alcoholism and fatty degeneration in the abdominal and thoracic viscera has been also pointed out. We are not able to state precisely the period of delirium tremens in which this alteration in the brain commences, but it shows itself at first in the anterior part of the cerebral hemispheres, in the optic thalami, and in the cerebellum. I have observed it twice mostly localized in these two latter organs; in one case in which the disease ended with violent convulsions, of real epileptic nature, the fatty degeneration was only found in the oblong medulla and the cerebellum. It is when the disease has become chronic, and is of a low character, and when the patient sinks into a prolonged state of coma, that we detect an advanced fatty degeneration in the encephalon co-existing with a like change in other viscera.

It will be readily admitted, that it is not a little important for the treatment of delirium tremens to have a proper knowledge of its proximate cause. The condition of the brain, however, is seldom uncomplicated with some derangement in the digestive organs, just as we rarely will observe acute delirium unaccompanied with some other inflammatory condition in the thoracic or abdominal viscera. Nevertheless, this pathological state of the other viscera is one of the epiphenomena in delirium tremens, and tends to modify the general treatment in no small degree. Hence we see that often emetics and cathartics fail to act as specifics for delirium tremens. There is no doubt, however, that the exhibition of emetics may afford relief in violent

* It is unnecessary to state that cerebral exhaustion necessarily involves a deficient supply of blood in the brain, since all the organic functions are under the immediate dependence of nutrition, which only regulates the properties of the nervous system.

† The pus in the arachnoid cavities, the choroid, and the iris, is always solid.

cases of delirium tremens, as they do in other apoplectic conditions of the brain, but they are far from being specific agents. It is unnecessary to speak of antiphlogistics; their danger is sufficiently obvious, and they prove highly pernicious, if there are no evident symptoms of acute peri-encephalitis. Nor are the claims of narcotics upon our confidence, and the reputation they usually enjoy, more trustworthy. Opium, which is the most praised, administered in severe attacks, does not quiet the patient, unless its dose be very large, and frequently the rest it produces is then followed by coma, the precursor of death. Neither does its free exhibition bring any positive relief during the period of excitation in simple cases of delirium tremens, for it generally happens that the patient passes from the alcoholic intoxication into that by opium, which may also prove fatal. The property opium has of congesting the nervous centres could not make us expect any better effects; there is, however, a time in delirium tremens in which opium certainly has a marked benefit, as a stimulant to sustain the patient when the disease has exhausted itself. Throughout the other periods that remedy has very uncertain if not unfavorable effects. Belladonna, ergot, digitalis, and other direct sedatives of the circulation may be more effectual than opium to forestall the cerebral congestion; as to ergot, it has been often used by Dr. O. H. Smith, who looks upon it *almost as a specific for mania à potu*. To pretend, nevertheless, that delirium tremens can yield in all the cases to an invariable treatment, or that a single remedy, such as opium, ipecac, ergot, etc., etc., must be exclusively used in them, is surely an error. Whatever be the beneficial results each of these agents might have in certain cases, they indeed do great mischief if administered in a loose and indefinite manner. The opposite properties of these numerous specifics would of themselves be enough to create distrust in their absolute efficacy, if a more powerful evidence was not besides afforded in the character of the disease itself. Unprejudiced experience proves that in the vast majority of uncomplicated cases the expectant treatment is the most successful and the only rational one. It is then essential to avoid restraint as much as possible; the use of the strait-jacket always increases the restlessness of the patient, from the efforts he makes to free himself from it. On the other hand, uncontrolled exertion of movements in a cool and well ventilated room, constantly has a beneficial result; and joined with the exhibition of acidulated effervescing draughts with ammoniæ sesquicarb. gr. x. to xviii., to calm the irritable stomach, speedily improves the condition of the patient. The treatment, so directed, does not last longer than any other method. Of course we need not state that emetic, purgative, and the antiphlogistic means should be employed when we have to contend with an inflammatory or an abdominal form of the disease. In repeated attacks, when delirium tremens freely assumes the characters of peri-encephalitis, the treatment must be energetic. The restoration to health is very rare, and even then is simply temporary, because the brain is deeply injured. Under these circumstances the antiphlogistic treatment is of advantage, as also cold applications to the head, which repeatedly used are followed with marked benefit, especially if resorted to after local bleeding by leeches at the back of the ears. If any inflammatory condition exists besides in the thoracic or abdominal organs, it deserves early and close attention; the depletive and purgative system must be, however, managed with great caution, and never carried on too long, as they may prove highly exhausting. Once the source of inflammation removed attention should be paid to diet, in order to improve the altered condition of the nervous centres. But, as already stated, it is not frequent to meet with chronic cases of delirium tremens completely recovering; generally they are succeeded by dementia and progressive general paralysis, and not seldom by epileptic fits.

The free indulgence in spirits may be a source of other disturbances in the nervous system, aside from those which give rise to attacks of delirium tremens. Intemperance has an important share in the ætiology of chronic inflammatory

diseases of the brain, and in the so-called white softening of the nervous system. It may, besides, produce other phenomena resembling those in shaking palsy, such as a general tremor with thickness in the speech, headache, weakness in the limbs, and disturbances in the digestive functions. This train of symptoms may present relapsing exacerbations, most likely induced by subacute inflammatory congestion of the brain, and which are precursors of progressive paralysis and frequently of epileptic fits, having a dreadful form. The fatty degeneration which is observed upon chronic cases of delirium tremens, and the well known advantages of the iodide of potassium in white softening of the cord, likewise due to a fatty degeneration of the organ, suggested to me the idea of trying that remedy in order to forestall the effects of the above morbid condition. I have employed the iodide of potassium in the two cases recorded further on. Although in one of them the improvement was temporary, it is, however, evident that the remedy had control upon the disease. I will not draw any general deduction from those cases, neither will I pretend to explain the manner in which iodide of potassium acts under these special circumstances. Whether it determines the resorption of the fatty elements occasioning a new development of normal ones, or whether it has any other influence, it is a question which yet remains to be solved.

CASE I.—R. F., æt. 49, applied to me the 18th of June last. He is a mechanical engineer, a tall stout man, of dark complexion and very active in his habits. For the last eight years he has lived in the West Indies, and indulged himself too freely in beer and spirits. He had twice gonorrhœa before being married, but never had syphilis; is the father of three children, and his wife has never miscarried. He had been subject for the last two years to constant headache, with nausea almost every morning, and obstinate constipation. To avoid these symptoms he had taken repeatedly all kinds of purgatives, and lastly some doses of wine of ipecac. Since last December he suffered from formication and weakness in the limbs, and from more violent headache. About the end of April, on his journey to this country, he drank very freely, and the day after his arrival in this city he became feverish, very restless, and a little delirious. These symptoms subsided with a purgative treatment and tepid baths; but ever since he was very excitable, sleepless, and felt at times a tremor in his limbs and difficulty in the speech. On examining, I found that the limbs were not wasted, their temperature was normal; all the movements were perfectly executed, but he could not grasp strongly with the left hand, nor stand steady on the left leg. If the eyes were closed while standing, he seemed to lose at once his equilibrium and was all the time unsteady. There was some degree of anæsthesia in the legs; their reflex movements, however, seemed increased. The left pupil was more dilated than the right, but sight was unimpaired. The speech was thick and the intellectual faculties were dull. The tongue coated and the appetite lost. The pulse was rather frequent and soft (88). No morbid sound in the heart; its beating was, nevertheless, weak and scarcely perceptible to the hand. The patient had never had rheumatism nor any other disease, except the yellow fever. I tried his urine the 19th of June; it was acid, pale, and contained a small quantity of albumen.

I advised the patient to abstain from beer, and only drink some dry wine with his meals, to regulate his diet, and to take gr. v. of iodide of potassium in half an ounce of inf. calumbæ, thrice a day, half an hour before meals. He was likewise directed to drink iced-lemonade in the daytime, and to take every other day a tepid bath with four ounces carb. potassæ, in order to increase the functions of the skin. In two months the patient was so much improved with this treatment that he thought himself cured; I advised him, however, to pursue this plan for a longer period, and not to drink again to excess. The 23d of September last the improvement was still maintained, but having returned to Cuba and resumed there his irregular habits, I have been informed that he had lately a sudden epileptic fit which has

been followed with decided symptoms of general paralysis and furious mania.

CASE II.—The 26th of last August, I was called to attend a woman, *æt.* 38, native of Ireland. She was married; and two months previous to the above date, was delivered of a dead child eight months old, and flowed then profusely for a few days. She has been three other times pregnant, always miscarrying before the term of her gestation. She never had syphilitic disease, but stated that her husband had been troubled with *secret diseases*, which had made her very unhappy. Grieved from this cause, she had, for the last two years, addicted herself to the habit of drinking brandy and beer. A month before she suddenly became insensible and much convulsed, but did not bite her tongue; she was then for several hours drowsy, and ever since has had headache, with giddiness and weakness, tremor, and also numbness in the lower limbs. Her menstruation had not yet been re-established, and there were present leucorrhœa and pain in the loins. Three days before, during the evening, she was taken with another attack of convulsion, followed by slight delirium, which lasted twelve hours; the following day she was restless, and whenever she was raised vomiting supervened. The day I saw her she was better, but complained of violent headache, was still drowsy, and though at times delirious was, nevertheless, perfectly conscious. The skin was hot and moist, especially in the forehead: the pulse frequent and soft (105); respiration about 30; pupils contracted; tongue coated with a whitish fur; there was no vomiting, and constipation had existed for these four last days. The power and sensibility of the limbs seemed impaired, the left arm was weaker than the right, as she could not grasp with the left hand so well as with the right. None of the limbs were wasted, and they exhibited a constant slight tremor. The speech was thick, and the patient was slow in her answers. The neck of the uterus, enlarged and very sensitive, was the seat of an ulcer bleeding at the slightest touch.

I looked upon all these symptoms as the result of a sub-acute inflammatory congestion of the brain, induced by the abuse of alcoholics, and most likely seated in the vicinity of the oblong medulla, on account of the convulsive character of the disease. A purgative with the citrate of magnesia was at once prescribed; as also constant applications of ice to the head, and warm bottles to the feet. Iced lemonade to drink was given after the bowels had been relieved. The purgative acted freely, and the condition of the patient was much improved in the evening—the pulse came down to 86, and the skin was pretty nearly natural. I put the patient then on the iodide of potassium, five grains in half an ounce of decoction of bark every four hours. She was directed the day after to take some beef-tea, and a table-spoonful of whiskey three times a day; and although her condition continued to be better, it was not until the third week from the beginning of the treatment that the symptoms in the limbs decidedly began to yield. Menstruation appeared on the second month. While the above remedies were employed, the uterine ulcer was also treated with local applications of perchloride of iron and the nitrate of silver, alternately employed once a week, together with injections of fresh water morning and evening. The use of iodide of potassium *gr. v.* thrice a day, was persevered in for six months, the patient had left her intemperate habits, and as she had not been troubled up to this date with any other nervous disturbances, it was fair to suppose that the iodide of potassium stopped the morbid change which was very likely undergone by the nervous centres.

This case is also interesting on account of the influence which syphilis in the husband had to produce the repeated miscarriages. I have not been able to ascertain if in any of the different times the fœtus was born with external evidences of syphilis; and I think that the mother was not infected with it, because she did not present any of the secondary or tertiary symptoms of the disease. It is otherwise certain that syphilis becomes the source of nervous

disturbances which may be mistaken for those brought on by the abuse of alcoholics. The distinction between them may be, however, easily made. It is important to bear in mind the age of the patient, for cerebro-syphilitic diseases frequently occur at an earlier period of life than those due to any other causes. The nervous disturbances, and secondary or tertiary signs of syphilis, always accompany each other; besides, and this is a very essential character, with progressive syphilitic paralysis there is usually some impairment in the functions of the muscles of the eye, or of the eye itself (*sclero-choroiditis*, *œdema* of the retina, *atrophy* of the papilla, etc.), whereas, in paralysis from insanity, or chronic alcoholism, the functions of the eye are seldom involved, those of the tongue being mostly affected. Another difference is likewise observed in the characters of the headache: this symptom in both diseases may become more intense during the night, but with syphilis almost always it happens that the pain has a fixed and constant position, commonly in the forehead; whilst in the other cases it is diffuse, and does not exhibit so constantly the nocturnal exacerbation, nor the extreme violence of syphilitic headache, besides accompanied with pain in the bones, vertigo, affections in the throat, and generally incomplete paralysis.

REMARKS UPON DIPHTHERIA.

By EZRA M. HUNT, M.D.,

OF NEW JERSEY.

(Continued from page 245.)

In the internal local treatment the probang is to be abhorred. If, as in this case, you see the exudation early enough circumscribe it with a strong solution of *nitras argenti*, applied by means of a large hair pencil, such as you may get at a depot of artists' materials or of some druggists. We doubt whether this caustic is of any value operating only upon or through the exuded membrane. The best gargle we are acquainted with is one made of salt, vinegar, molasses, Cayenne pepper, and water, in proportion about as follows:—*Chlorid. sodii* 3 j.; *aceti acidi diluti* 3 j.; *treacle* 3 ij.; *pulv. capsici* ʒj.; *aquæ puræ*, q. s. To be used frequently, but with out straining the throat by prolonged use. A stimulating gargle like this we have found of great value in the anginous variety of scarlatina, and it is equally serviceable here, as there is no tendency to dynamic inflammatory action, but even the inflammatory tendency is typhoid. Where there is marked fœtor which the internal medicines and this do not obviate, as rarely occurs, Labarraque's solution, chlorate of potash, or brewer's yeast, may be freely used. A saturated solution of tannin or alum is a favorite gargle with some. We deem these of little value except during the early formative stage of the membrane. Here, by its contraction, it may act mechanically to corrugate the throat and break up the attachment of the membrane, or as some think specifically as a preventive of exudation.

Externally counter-irritation is desirable, and here in the country a slice of well salted fat pork produces about as pleasantly and rapidly as is desirable a papular eruption all sufficient. Over enlarged glands we have, in common with others, used Lugol's solution, but in bad cases it scarcely acts rapidly enough to produce its specific effect. Such are the general and local plans of treatment which we believe to furnish the best hope of recovery. I formerly used the mineral acids quite freely, but in some cases they seemed to me to impair the tone and power of the digestive organs, and to prolong a subsequent anæmic condition. I have seldom found the *murias tinctura ferri* administered as above, and still more diluted if need be, to disagree. The well established value of the chlorate in stomatitis, pyalism, and other forms of constitutional affections of an adynamic character with local manifestations, and the benefit of the muriate in erysipelas, scarlet fever, and such low grade inflammations, would lead us to anticipate some value from them in this kindred disease, and they do not dis-

appoint us in the only true test of treatment. Chemistry cannot explain it, for whether the chlorine acts as a disinfectant, or the chlorate of potash as a tonic (Tully and Percy, good authorities, deny it), we cannot determine, or whether the muriate is decomposed, and at once adds itself as an important constituent to the blood, we are not sure, but they *do* aid in the control or abatement of the disease. Nor is the opiate to be undervalued. There is astonishingly little tendency in this disease to death by *coma*, except where the swelling of the glands retards circulation, or where mechanical closure about the laryngeal region interferes with respiration. The ailment in its start has a prominent nervous element, and the *laudanum*, acting first as a stimulant as in hæmorrhage, then as a sedative and soothing an excited circulation, procuring sleep in the midst of restlessness, used judiciously and in early stages, is of no small service.

Those cases in which there is no very extensive deposit in the fauces, and yet in which the whole system seems prostrated, and the powers of digestion and assimilation greatly impaired, though not rapidly fatal, yet not unfrequently after three or four weeks wear out the life of the little sufferer, and for successful treatment require of the physician strict attention to all dietetic rules and laws of digestion as well as to the administration of medicines strictly so called. Milk, eggs, and the most easily assimilated food must be provided, care being taken to give the stomach proper intervals of rest; stimulants will need oftener to be used instead of food nutrients; vegetable biters, such as wormwood, Huxham's tincture, etc., may avail where quinine will seem to disagree. Milder chalybeates, such as Blancard's pills, etc., may be required, and withal the best sanitary and hygienic measures combined. Bathing the surface with warm brandy and milk, cod-liver oil, or some other nutrient material, may enable the skin to help in the work of regeneration, and thus all reasonable means must be used to wear out the disease before it does the patient.

Of malignant diphtheria the following case is a type:—In a family in which a child had been several days sick of the second form, a little girl of eight summers complained one Sabbath afternoon of a little soreness of the throat. A casual examination in passing exhibited some diffused redness of the fauces, without any exudation whatever, but as the pulse was frequent, and nervous for fear of the disease, chlorate of potash was prescribed. On Monday morning the glands about the neck were enlarged, the tonsils swollen, and slight points and strings of exudation sprinkled all over one tonsil. Constitutional symptoms were intense, indicating the active use of remedies. Tuesday morning the throat was enormously swollen, deglutition difficult, pulse not rallied, the throat and palatine arch covered with exudation, extremities purple and cold; death master. The child lived until Thursday morning, all the time sensible, at intervals playing with its toys, but pulseless several hours before its death. I know no treatment for such a case except to call to our aid all the dynamics which our art can furnish; and though I have great faith in medical progress I expect not to see such an ailment manageable until malignant scarlatina, concrete variola, typhoid pneumonia, and the plague, become subject to the powers that be.

As to the importance of prophylactic means, and their availability, our confidence in them is continually increased. The first cases in a family are generally the most malignant; and where chloride of lime, tar simmered over a fire, and care used about the residence, and chlorate of potash, good food, abundance of salt, and placidity of mind are advised, the after cases seem quite manageable. It has never happened to me to lose any case occurring in a family after such a course had been fully initiated, and I believe it our duty in every case to enforce such a course.

In connexion with this disease, so far as hypothesis is concerned, it is proper to inquire whether the morbid poison of the disease, whatever it may be, does not operate by destroying or enfeebling the cohesive or solvent proper-

ties of the blood by depriving it of its salts, or in some way rendering them inert. "The use of the saline matter," says Carpenter, "is evidently in part to prevent decomposition in the circulating blood." It almost seems as if something the same process of separation takes place as when blood is drawn from the body, and as here certain salts retard the separation, so may not these remedies used act upon the circulating fluid of the system? Has any minute chemical examination of the blood been made in connexion with diphtheria in order to determine whether any change has taken place in the saline constituent? Does the swelling of the glands about the neck depend upon the absorption of the membrane found about the fauces? Some have advocated active interference with it on this ground, but it seems to us that, as in bilious and other fevers, such enlargement is not a result of absorption from the locality, but only an indication as to the fact of the lymphatic system being affected by the virulence of the poison.

As to the sequelæ of diphtheria, they furnish material for much remark, but as we have met with none of them save anæmia, not very persistent, and slight local paralysis about the voice organs, we shall leave these to be elaborated by those of larger experience in this direction.

THE POINTS OF ELECTION AND KIND OF OPERATION, FOR AMPUTATION OF THE LOWER EX- TREMITIES.

WITH REFERENCE TO THE USE OF ARTIFICIAL LIMBS.

By DOUGLAS BLY, M.D.,

ROCHESTER, N.Y.

[From the Transactions of the Medical Society of the State of New York.]

POINTS OF ELECTION.

SINCE an early period in surgery, surgeons have recognised the importance of selecting such points for amputation of the lower extremities, as were best adapted to the application of artificial limbs. Many of the authors of works on surgery have given such points as were considered best adapted to the artificial limbs made at that time, but the great improvements which have been made in artificial limbs have materially changed the old points of election; therefore this subject demands the attention of surgeons generally.

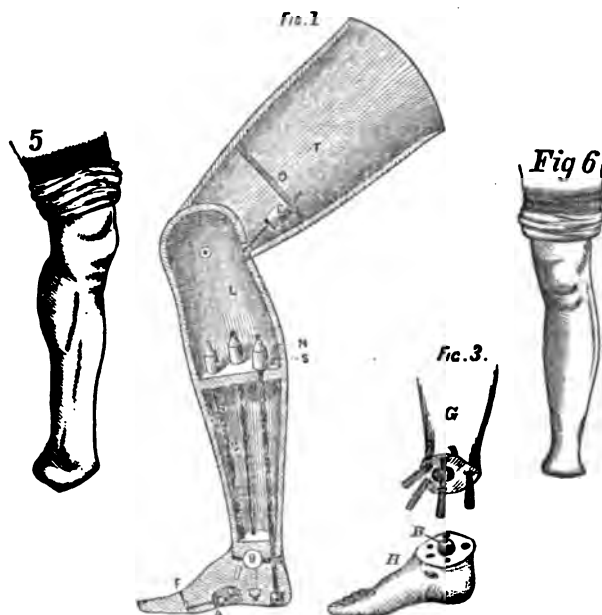
In accordance with the high state of perfection now attained in the construction of artificial limbs, all amputations performed on the foot should be anterior to the insertion of the flexors of the foot. The operation known as "Chopart's," severs the flexors of the foot, and should *never* be performed under any circumstances whatever. The moment the flexors are severed, the extensors, having no antagonists, draw the heel upward, extend the foot on the leg, and cause the amputated surface to point almost directly downward. This deprives the patient of all power to use the remaining portion of the foot, and also renders him incapable of wearing a useful substitute. I am aware that, to obviate this difficulty, some surgeons have severed the tendo-achillis, but that has proved ineffectual; it is only a partial relief at best. Therefore amputation at this point renders the patient a hopeless cripple. The wound is slow to heal, *always tender*, often ulcerating, and the remaining portion of the foot is generally a curse to the patient as long as he lives, unless he submits to a secondary amputation.

It is but a short time since the Prof. of Surgery in the Geneva Medical College performed secondary amputation for such a patient. This patient has had the tendo-achillis cut twice, and then made an unsuccessful effort to wear a substitute constructed by a noted firm in New York city, but at last, to better his condition, was obliged to submit to re-amputation. (See cut, Fig. 5, which represents a stump after "Chopart's operation.")

Amputation through the ankle-joint by sawing through

the malleoli, known as "Syme's operation," is less objectionable; still, since the artificial leg has been brought to such perfection, there are reasons which weigh heavily against this operation. The ankle-joint in the artificial leg should correspond with the one of the natural leg, but cannot in this case, and be constructed after the most approved plan, on account of the length of the tibia and fibula.

The lower portions of the bones occupy space which is needed for the artificial joint. (See cuts, Figs. 1, 2, and 3.)



For amputations below the knee, the cords C, Fig. 1, have to be shortened according to the length of the stump, until the springs, S, rest on the plane seen just above the ball B, and cannot conveniently be placed any lower. This illustrates the necessity of removing at least the ends of the tibia and fibula.

To get a good fit with an artificial limb, the stump should be conical, or at least it should not be larger at the end than it is higher up, as it renders a portion of the interior of the artificial too large, if made large enough to allow the bulbous extremity to pass through. (See cut, Fig. 6, which represents a stump after "Syme's operation.") Or if the leg is made to lace up, even then the ankle is necessarily large and clumsy.

It has been supposed that by this operation the patient would be able to take the most if not all his weight upon the end of the stump, but the cases which I have seen do not sustain the supposition. I have not seen one that could support the whole weight on the end of the stump, though a few could sustain some, not enough, however, to counterbalance the difference in the substitutes; while others could not bear any more than those who are amputated higher up. Therefore, when amputation becomes necessary which would sever the flexors of the foot, it should be performed a sufficient distance above the ankle-joint, to admit of an artificial substitute with an ankle-joint of the most perfect construction now attained.

The junction of the middle and lower third of the tibia is the lowest point at which amputation of the leg can be performed, and give sufficient room for the construction of a good, substantial, and graceful artificial limb, with an ankle-joint of the most recent improvement. It also gives a stump of as much length as is of any service to the patient, therefore the junction of the middle and lower third of the tibia should be the first point of election whenever the flexors of the foot cannot be saved. (See point indicated on leg, cut Fig. 4.)

An artificial leg, with lateral motion at the ankle-joint, will bear a stump of greater length, with comfort to the



patient, than one which has no lateral motion at the ankle. The testimony of those who have undergone re-amputation is, that with a very long stump and an artificial leg which had no lateral motion at the ankle, they suffered much more from the cramping and prying of the stump against the sides of the leg when they stepped on any uneven surface, than they did after re-amputation, with a stump of less length. The fact that the junction of the lower and middle thirds of the tibia gives a stump of as much length as is of any service to the patient, is important in this connexion. Then from this point the surgeon should not recede unless compelled by necessity. He should contest every inch until driven to the knee-joint. But he should never operate through the knee-joint, as nothing is gained by it, while much is lost, because the end of the femur will occupy space which is needed for the construction of an artificial knee-joint. True, an artificial joint has and can be made in this case, but not near as durable and comely as when the condyles of the femur are removed. The size of the condyles makes the end of the stump too large, and the same objection arises as in "Syme's operation."

If the femur is sawn through just above the condyles, the stump assumes a conical form, and the end of the bone no longer presents any obstacle to the construction of an artificial joint of the most modern improvement. Then for amputation of the thigh, the point of election is just above the condyles of the femur. From this point upward the surgeon should contest every inch with redoubled vigor. And the higher compelled to go, the greater the value of every item of femur saved.

KIND OF OPERATION.

In the use of artificial legs no weight is ever taken on the end of the stump; in fact, nothing is allowed to touch the end of the stump. But on the sides it is just the reverse. The artificial leg encases the stump, and more or less pressure is taken on all sides, particularly anteriorly and posteriorly. The stump is used as a lever to operate the artificial leg, and at every step there is considerable pressure on the anterior surface in carrying the leg forward, and then it is transferred to the posterior surface, just as the weight of the body is being carried forward on to the leg. Thus there is a pressure alternately on these two surfaces at every step. Besides this, with a leg in which there is no lateral motion at the ankle-joint, there is more or less cramping and prying of the stump against the sides of the artificial leg whenever the foot is placed on an inclined plane, or one side happens to be placed on any inequality, such as a stick or stone, or uneven ground of any kind. Now as the cicatrix is always tender and sensitive, it becomes necessary that, in amputating the lower extremities, the surgeon should choose the kind of operation which will best protect the stump on all sides, particularly the anterior and posterior.

The operation which fulfils these indications best, is the *double flap*, the flaps being antero-posterior.

If the flaps are taken from the antero-posterior surfaces, they lap over the end of the bone or bones, and protect the edges by means of sound healthy integuments in all cases, and in many by a cushion of muscle. This brings the cicatrix across the end of the stump, where nothing can touch or injure it when wearing an artificial leg. Very small portions of the cicatrix may in some cases pass up on the sides laterally, but not enough to be of any account in the use of an artificial leg with lateral motion at the ankle-joint, as that prevents all lateral cramping or prying against the sides of the stump.

The single flap operation is decidedly bad, because it often, if not always, brings the cicatrix just across the edge of the bone, where from its sensitiveness it seriously interferes with the use of an artificial leg.

The circular operation would, at first sight, appear to fulfil every indication, as it is alike on all sides, but unfortunately, instead of protecting all sides, it is really just the reverse. As soon as the weight of the body is placed upon the stump with a circular operation, the whole muscular covering, with the integument, glides upwards in a body; the end of the bone or bones protrudes beneath, covered by a thin cicatrix only, and instead of being protected on all sides are really protected on neither. Thus it is seen that the *antero-posterior flap operation* is the operation, to be performed, whenever the surgeon has the privilege of choosing.

Reports of Hospitals.

NEW YORK EYE INFIRMARY.

STAPHYLOMA CORNEÆ,

WITH CASES AND REMARKS,

By HENRY D. NOYES, M.D., ASSISTANT SURGEON.

THE surgical proceedings in cases of staphyloma corneæ are three in number, namely, iridectomy, ablation of the staphyloma, and extirpation of the globe. I offer the following illustrations of two of these methods, with remarks upon the merits and applicability of the several operations. I may observe that there have been two cases of ablation of staphyloma under the care of Dr. John H. Hinton, of which one case never returned after the operation, and of the other, notes were not retained. One of them, at least, made a good, although slow recovery.

I.—Staphyloma; Extirpation of Globe.—Virginia C., æt. 11. For four years has had successive attacks of keratitis of the left eye, until by repeated ulceration the cornea, softened and thinned, yielded to the pressure of the ocular fluids. The staphyloma is globular in form, of a dead-white color, not so large as to prevent the complete closure of the lids. The conjunctiva and sclerotic are in a state of congestion, and the opposite eye is also reddened. Lachrymation from both eyes is constant. The staphyloma being total, the cornea in a state of chronic inflammation, and the protrusion being great, precluded the hope of reducing the staphyloma by iridectomy. The subacute inflammation of the conjunctiva of both eyes was a sufficient reason against the additional risk of inflammation, which would follow the ablation of the staphyloma. I therefore proceeded to extirpation of the globe. On the ninth day patient left the Infirmary, the healing of the tissues not being quite perfect, but she had been going about the wards for a week. The conjunctivitis of the other eye disappeared spontaneously; all that remained to require treatment was slight ophthalmia tarsi. At the end of a fortnight an artificial eye could be worn. I might multiply instances like the above, but they would have great uniformity of history and result.

II.—Staphyloma Corneæ; Hernia Iridis; Iridectomy; Cure.—Sailor, æt. 32. Eight years ago an injury of the right eye produced opacity of the cornea with anterior synechia of the iris. In January he came to the Infirmary having keratitis with hypopium. He was treated with tonics, solution of atropine gr. ij. ad aquam 3j. freely employed, paracentesis practised several times, and he recovered. After a month a relapse took place, keratitis with hypopium, and also ulceration of the cornea. This attack was more distinctive than the preceding, the hypopium greater, and the ulceration penetrating to the deep layers of the cornea. The hypopium disappeared, but although the acute symptoms abated, congestion of the anterior ciliary vessels continued, and the cornea began to bulge forwards. This gradually increased, and at the apex of the prominence the iris began to appear in the form of a small black vesicle. The extrusion of the iris and staphyloma of the cornea increased in spite of atropine and paracentesis. I determined upon performing iridectomy. I excised a section of the upper part of the iris, through a wound a quarter of an inch long, made in the sclerotic one line from and parallel to the limbus corneæ. A little hæmorrhage took place into the anterior chamber. The operation slightly aggravated the previous sclerotic injection. The wound in healing continued prominent for several days. After forty-eight hours the prominence of the cornea had abated, the iris no longer protruded. Three weeks afterwards all hyperæmia has disappeared, the cornea is flatter than natural, no trace of hernia iridis is to be seen. Through the opening made in the iris, patient can discern large objects, the corneal opacity growing thinner.

III.—Partial Staphyloma of Cornea; Iridectomy.—I introduce another case, which did not occur in the Infirmary. A lady, living in Brooklyn, had a partial staphyloma of the upper and inner border of the left cornea. It had been of gradual growth for twenty years, and was the result of ulceration of the cornea in childhood. The prominence was densely white, acuminate, its base probably three-sixteenths of an inch in diameter. It arose close to the sclerotic border, while the rest of the cornea was transparent, the pupil circular and contractile. Minute vesicles, like sudamina, occasionally formed upon the apex of the staphyloma, and were the cause of considerable irritation. The staphyloma was increasing very gradually. Vision was such as to read No. 14 (Jaeger) or Paragon type. There was no general hyperæmia of sclerotic, while a few large vessels ran towards the staphyloma.

I suggested and performed iridectomy, doing it at the upper part of the iris, the wound being in the sclerotic one line from the corneal edge. The eye was closed with isinglass plaster, which was renewed on the second day, and finally removed on the fourth day. No pain, œdema of lids, nor inflammation followed the operation. There had been no bleeding into the anterior chamber. A week afterwards the eye was free of congestion, the staphyloma was evidently flatter than before. On the eleventh day the lady was able to come to my office, and the prominence of the staphyloma is gradually diminishing.

IV.—Staphyloma of Cornea; Iridectomy; Suppuration of Globe; Extirpation.—I present the following case, because it is instructive in several points, and showing what may complicate the operation.

Mary McG., æt. 17, for many months suffering from granular conjunctivitis with pannus of the corneæ, came to the Infirmary in February. After two months' treatment, consisting of general tonics, atropine in the eyes, and tr. iodine to the forehead, the acute symptoms of keratitis passed away. Photophobia, lachrymation, pain, congestion of the sclerotic disappeared, while the opacity of the cornea began to clear up. No nitrate of silver was employed, the corneal inflammation utterly forbidding, in my opinion, the employment of it or of any irritant. The left cornea was in a state of total staphyloma, the elevation not very large but deeply opaque, a ring of clearer substance remained at the extreme edge of the cornea.

For the sake of reducing the staphyloma, as well as to take advantage of the clear margin of cornea, I determined upon iridectomy. The section was made at the lowermost part of the globe, the point of the straight lance knife entering the sclera at one-eighth inch from the cornea, and pushed very obliquely through into the anterior chamber. The stimulation of ether, and the manipulation of the eye, induced extreme turgidity of the recently congested zone of vessels surrounding the cornea. Through these distended vessels the knife penetrated, and in consequence the bleeding was very free. It even required the liberal use of sponges. The anterior chamber, when I was at last able to use the forceps, and seize the iris, was full of blood. Bleeding was renewed upon cutting off the bit of iris, and continued some minutes. The eyelids were therefore left unstrapped. Severe inflammation followed, which in spite of leeches, and paracentesis, etc., etc., culminated in rupture of the cornea by suppuration of the globe. During the week while this process was going on, two smart hæmorrhages occurred from the interior of the eye.

The younger the child is the less likely is a happy termination of the case after the operation to be presumed. In a "Lettre des Internes à l'hôpital des Enfants à M. Bouvier," they recommend not to operate on children under two years of age, and on those from two to two and a half only with reluctance. The reports of cases of successful tracheotomy in children under two years are scarce, it is true, but Trousseau saved by the operation a child of thirteen months, still nursing. Scoutetten's famous case shows, at least, that a child of six weeks may be operated on with success if such an unusual event should ever present itself again. (It was Scoutetten's first operation, relating to his own child, but it is more than doubtful if the affection of the child was croup or rather laryngismus). The youngest child I operated on was twenty months, the youngest saved was one two years four months; I also saved one two years six months, both girls.

(To be Continued.)

SURGICAL SECTION.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, March 23, 1893.

DR. JAMES R. WOOD, CHAIRMAN.

(Reported by J. P. GARRISON, M.D., Secretary.)

TRACHEOTOMY IN CROUP.

DR. A. L. VOSS opened the discussion on the subject of tracheotomy in croup, remarking as follows:—In opening for discussion the subject of Tracheotomy in Croup, I have to state that, having published more than two years ago a paper, entitled "A Historical and Critical Examination of the Operation of Tracheotomy in Croup, with a Report of fourteen cases" (*New York Journal of Medicine*, January 1860, pages 30-59.), I shall refer to the paper repeatedly. Doctor Francis Home of Edinburgh, published the first monograph on croup in 1765; his book contains, on the subject of the operation in question, the following words (page 59): "When the case is desperate, may we not try bronchotomy? I can see no weighty objection to that operation, as the membrane can be so easily got at, and is very loose. Many a more hazardous operation is daily performed. I would propose, however, that it should be first tried on a dead subject, that we may proceed with all manner of caution and assistance. But something ought to be tried in this dangerous situation." You see how early the operation, as a last resort, presented itself to the plain and simple reasoning mind. The earliest, although unsuccessfully performed operation of tracheotomy in croup, I am able to find, is by Duntze of Bremen, about 1790; the first case successfully operated upon is that by Thomas Chevallier of London, in 1814. But the more general introduction of the operation we owe to the labors of Bretonneau (his first success in 1825), and to his pupils

and followers, Trousseau, Velpeau, and Guersant. I believe now that there are very few who object to the performance of the operation in croup in general, and the Academy of Medicine in Paris declared in the celebrated discussion upon this subject, and the "Tubage" in 1859, that tracheotomy is, in the actual state of science, the only remedy to resort to, if there is no more chance of relief by medicinal substances. From France the operation came in general use in Germany, then in England, and lastly here.

As causes for the want of success in the earlier cases of tracheotomy, we have to point out, first, the treatment before the operation, antiphlogistics, or at least weakening remedies, such as blisters, etc., used freely; second, the operation, if resorted to, was performed at the very last moment; third, the manner of operation, the instruments, and the after-treatment, were alike defective. At present these causes of failure being for the most part removed, the success in consequence is much greater.

Guersant operated twenty-three times before he could boast of a successful case, and he had but seventeen successful cases out of eighty-two operations. I have thought it would be interesting to make the following statement in reference to the number of operations performed by different French surgeons, and their results, as I have been able to gather them from the French literature upon the subject.

	No. of operations.	No. saved.		No. of operations.	No. saved.
Trousseau 1850-55 (private practice)	43	23	Favre	6	—
Gerdy	6	4	Anzias	2	1
Archambault	12	7	Robert	23	1
Gosselin	28	—	Nélaton	24	8
Brochin	3	—	Jobert de Lamballe	60	10
Follin	15	2	Lenoir	20	1
Brora	10	6	Desormeaux	11	2
Depaul	7	1	Monod	40	—
Richard	12	2	Thierry	37	3
Guersant	12	1	Roser (Marburg)	43	19
Micheon	20	2	Passavant (Frankfort)	9	5
DeJussé	12	—	Fock (Magdeburg)	24	10
Langier	8	1	Baum (Göttingen)	31	12
Hugulier	6	—	Peinemann (ibid.)	8	5
Velpeau	18	4			
Jarjavay	12	—			

Of 131 operations performed by eight French physicians proper, 49 were successful; of 443 cases operated on in the Hôpital des Enfants trouvés from 1850 to July 1858, a period of eight and a half years, 100 were successful.

In regard to the number of operations performed in this city I have not at present the means of giving any reliable statistics. It is worthy of remark, that I have not yet heard of a successful operation in New York during the year 1859 (famous for diphtheria).

All these statistical data are, however, worth but little when we consider the great want of detail in the description of the symptoms of the malady. Real croup, I fear, is a disease of unfrequent occurrence, but much more fatal than usually believed. It is a specific disease (of zymotic character), sometimes local only, sometimes accompanied with general disturbance, sometimes sporadic, sometimes epidemic, and even contagious, wholly distinct from inflammation or catarrh.

The anatomical alteration pathognomic of croup is the false membrane, lining and blocking up a more or less considerable portion of the air-passages, which gives rise in turn to dyspnoea, asphyxia, and sopor. Now, when insufficient respiration is present with commencing asphyxia, and is not dependent on affections of the lungs, and is not relieved by emetics, or perhaps other medicines, I think the operation of tracheotomy should be performed without hesitation. Tracheotomy is indicated where stenosis of the larynx or trachea exists. There we ought to resort to tracheotomy, in order to give free access of air to the lungs. If these organs are sound, the operation is *ceteris paribus* imminently a life-saving operation. If the lungs or the general system are otherwise affected, we, by freeing the patient from the imminent danger of suffo-

cation gain time to treat the accompanying affections by the proper means. I will not speak of the danger of the operation as an additional complication to the already affected organ, as this subject is differently judged of by different authors. Tracheotomy stands, in this respect, on a level with other life-saving operations, herniotomy, ligature, cesarean section, etc., and the same reasons sustaining such operations will be also applicable to tracheotomy. It ought to be remembered, that unrelieved stenosis of the larynx is absolutely fatal, even uncomplicated by other affections. As general diphtheritic intoxication or bronchitis, or bronchial croup, or pneumonia, or emphysema, are not affections absolutely fatal like stenosis of the larynx, in case the latter affection should be complicated with one of the former, the removal of the stenosis even by an operation would not only be justified but required, and it is obvious that the happy termination of the operation in complicated cases, or in very young children, is by far less frequent than in cases of no complication or in older children.

As a measure of humanity, and to remove a cause of offence to the remaining eye, I extirpated the suppurating eye. The operation was effected with great difficulty by reason of the free bleeding, of the adhesions of the globe to the orbital tissues, and of the partial collapse of the eye. I could not avoid snipping the softened sclerotic with the scissors, especially when attempting to clip the optic nerve.

I carefully dissected the eye. The cornea was opaque, softened, and ruptured; no trace of the lens; I presume it had been absorbed before patient came to the Infirmary. The vitreous infiltrated with inflammatory exudation. The iris and choroid so soft and congested that I could scarcely use forceps without tearing them. There was a clot of blood spread out between the sclerotic and choroid at the upper part of globe, and another clot between the same tunics near the place of iridectomy. The wound of the sclerotic made in the operation is five-sixteenths of an inch long, it opens into the anterior chamber exactly at the internal edge of the cornea; I found the section of iris had been removed entirely to its circumference, and that also the tips of the ciliary processes for a corresponding breadth had been torn off, or perhaps cut off. Microscopic examination was not made, the points of chief interest being surgical. After loss of the eye, oedema of the lids abated, and patient became quite comfortable.

(To be Continued.)

American Medical Times.

SATURDAY, MAY 10, 1862.

CLAIMS OF MECHANICAL SURGERY.

SURGERY has not made more rapid advances in the conservation of limbs hitherto doomed to destruction, than has mechanical surgery in supplying the defective parts. It is quite impossible, nowadays, to determine what part of an individual is natural, and what artificial. Of ten men who walk the street each with an artificial leg, in nine we are more liable to fix the disability upon the natural than the artificial limb. The western bride who was thrown into convulsions on seeing her bridegroom suddenly deprived of an entire leg by a waggish friend, illustrates in one of a thousand ways the present perfection of the appliances of mechanical surgery. We now have artificial teeth which baffle even dentists to detect their genuineness; and artificial eyes which flash with intelligence, sparkle with merriment, and doubtless roll with the fine fancy of the poet.

Even nasal appendages are now manufactured to order so as to imitate exactly the natural tint of that organ, or the more brilliant colors of the acne rosacea, not infrequent in the higher circles of society.

But mechanical surgery is only in its infancy; most of the improvements which we witness date back but a score and a half of years. The clumsy apologies for legs which fifteen years ago represented the highest degree of art, would not be sold by any respectable manufacturer of our time. The same is true of artificial hands, trusses, etc. The genius of American invention once directed to this fertile field for useful and profitable effort, there is no limit to the advances which it will make. Already in the treatment of deformities, mechanical appliances are accomplishing results which lead us to anticipate that they will yet monopolize this entire field of practice.

Mechanical surgery is a legitimate branch of the healing art. Whatever unprofessional men may have accomplished in the way of invention in any of its departments, has for the most part been the result of accidental circumstances. A farmer, annoyed by a hernial protrusion, has sat down at the side of his plough and whittled a block into a form that, when applied, answered its purpose well. It is often alleged in recommendation of an artificial leg that the inventor had an amputated limb, which directed his attention to this special study, and led to the invention of the limb in question. But mechanical surgery is not a simple branch of mechanics, to which any ingenious artisan can successfully turn his attention; it combines also an accurate knowledge of anatomy, of physiology, and of surgery, to pursue his profession. Rationally, the Mechanical Surgeon, or the "Surgeon Artist," to use an elegant phrase, must be a thoroughly educated physician as well as an inventive genius. A man might with as much propriety prescribe remedies without a knowledge of diseases as undertake to apply properly a truss without a knowledge of the anatomy of the malady. The same remark is true of every branch of mechanical surgery. Quackery in this department, or the pretensions of uneducated and unqualified men, are as gross and glaring as in the simple practice of physic.

The medical profession have too long regarded mechanical surgery as the legitimate field of non-medical men, or medical speculators in patents. This has tended powerfully to deter worthy and competent medical men from adopting any branch of it as a specialty, and thus the art has been until recently almost monopolized by the mercat pretenders. But medical men of real merit have begun to enter this field of improvement, and already the ripe fruits of skilled labor begin to appear. The recent improvements in artificial limbs by Drs. HUDSON of New York and BLY of Rochester, in trusses by Dr. RIGGS, in apparatus for the cure of deformities by Drs. DAVIS and WOOD, are the results of long and careful study of the anatomical or pathological abnormalities to which their respective appliances are adapted. From medically educated mechanical surgeons the profession may obtain many practical hints, and it is important that we have a class of artisans in these several branches to whom we may with confidence defer questions of practice. The place of election for amputation of the lower, and even the upper extremity, will always be decided by the mechanical surgeon. How important it is that he be thoroughly qualified to give a just decision.

But we need not multiply examples of this kind. It

must be evident to every one that mechanical surgery is a branch, and a most desirable branch, surgical science and art. As such it should be fostered by the profession, by every legitimate means. First, we should encourage educated medical men to engage in its several departments, as special objects of study and practice, and give them the most cordial support. If the profession recognise the claims of this branch of the healing art, and take under its protection those who devote themselves to it, there will be no need of patents to insure to an inventor the honest proceeds of his labor and study. Second, we should discountenance on all occasions, and under all circumstances, the uneducated pretenders in this department of surgery, who through our cities, and trumpet their wares in every market. Whatever merit some may have as inventors, as a class, they are not entitled to the slightest consideration, and should meet with unqualified condemnation.

THE WEEK.

A LONDON medical journal devotes an article to the establishment of "Certain Public Necessities." It says:—

"There are few sanitary questions which affect more immediately individual comfort and health than those involving an inquiry into the due provision of the means by which the out-door population and strangers of a great city may readily and decently 'relieve nature.' There are none which may be more appropriately discussed by the medical press; and there surely cannot be a point relating to the necessities of our common humanity upon which there exists less scope for false modesty in discussing it than the one upon which we now purpose commenting.

"Everyone meets here upon common ground, for no respect has been shown to persons. Man and women, the roughest and the gentlest of our race, all ages, the old man and the child, the sound and the sick, must yield alike to the calls of that nature with which they have been every one endowed. These calls we all know are imperative; sooner or later they must be obeyed; the time for which they may be disregarded with comparative impunity is but short under any circumstances, and under some almost inappreciable. Generally, if not attended to at once, great discomfort, or even disease, is the consequence. If such be the case when the body is in the possession of youth and health, how much more important is it that our physiological necessities be not unheeded when sickness or advancing years are influencing the frame. Inability to evacuate, a distended bladder, or to relieve an irritable bowel, becomes a torture to the mind as well as to the body of the severest kind. The agony is sometimes almost unendurable. Life is rendered truly a misery to some people from the knowledge or the dread that if they once leave the privacy of their own home they may be quickly so circumstanced as to place—and very painfully, too—that life in imminent danger.

"Now it would naturally be supposed that to meet these stern wants, communities would, as a matter of course, make such public as well as private arrangements as might ensure their requisitions being easily and conveniently fulfilled. Disagreeable as the public confession of them may be, yet, as it is a necessity none are exempt from, we can the more readily put up with its explicit admission. Until within a very recent period, however, the conveniences accessible by the people at large were absolutely next to nothing. Even at present they are extremely few in number, and have reference to one exigency, and to a single sex. In order that the out-door world of a great city may feel at ease *quoad* the important physiologic necessities we are discussing, it should have the means of ready and modest access to *urinals, water-closets, and lava-*

torias. We do not, of course, pretend to say that the Government or any other public body is to supply the populace with all of these gratuitously. That would be out of the question as regards water-closets and lavatories. But as respects urinals not so, and for this it is that the demand is more urgent. Of such essential conveniences there should be provided at the public expense an ample number, and in such important thoroughfares, and withal so unobtrusively situated, as to be as readily found as they are modestly approachable. To be able always to combine the latter qualifications may be somewhat difficult, but under any circumstances we should be immeasurably better off than with the old stone boxes of the bridges, corners of public-houses, and the warning sign-boards at the entrance of dirty gateways and yards. Most of these were even more indecent than they were public, if that were possible."

THE Ladies' Sanitary Association (London) is extending the sphere of its usefulness wider and wider. The tracts are not only widely circulated in England, but they have reached continental cities where the health authorities have in many instances reproduced them. A London contemporary thus speaks of the sphere to which this excellent association devotes its labors:—

"It enters the mechanic's room and the poor man's cottage, and talks, in a woman's voice, to mechanics' and poor men's wives. It points out that, though the court may be drained, or the cesspool removed, the living room must have its windows opened; that though the infant may have been vaccinated, it must be fed and clothed in a proper manner; that notwithstanding warm under-clothing and coals have been supplied by the parish or by public charity, soap and warm water must be provided at home. The children laid up with scarlet fever may have been seen by the doctor; but his aid will be but trifling if they are left half suffocated in the close atmosphere which reeks up from a dirty and slovenly bed. The mothers of families are taught that true economy exists, not simply in buying in a cheap market, but in knowing how afterwards to employ their bargains to the best advantage. There is a good cheap cookery, as well as a bad cheap one; an effective cheap mode of dressing, as well as an inefficient cheap style of apparel. The former are shown to be easily substituted for the latter. These are, after all, things in which most reform is needed within the poor man's dwelling, and which reform, when decorated by the thrift and comfort of hygienically regenerated wives and daughters, will do more towards the weaning of our working men from skittle-grounds and gin-shops than a millennium of Exeter Hall demonstrations."

ANOTHER institution for the accommodation of the sick and wounded soldiers, called the Ladies' Military Hospital, was opened in this city last week. The building occupied is that known as the Infants' Home, corner of Lexington Avenue and Fifty-first street; it will accommodate about 400 patients. MAYOR OYDKE presided at the opening ceremonies, and thus alluded to the service of the Hospital: "Nor need we fear that there will be any failure to keep the promise implied in the inviting name which the ladies have given to their hospital. It will be to its inmates emphatically a Home, with every appliance for the alleviation of their sufferings that skill and earnest sympathy can suggest. The building itself is a model of its class, and admirably adapted to the purpose to which it is to be now applied. The wards are large and well ventilated. They have been thoroughly cleaned and fitted up with appropriate furniture and excellent bedding. The surgical and medical staff embrace the best professional skill in the city. The nurses

will also be the best of their class; and better than all, the ladies themselves, or at least a portion of them, will be in constant attendance to infuse into the hearts of others a share of that devotion with which they apply themselves to this beneficent work."

The Medical Officers are:—*Consulting Physicians*—Joseph M. Smith, M.D., Austin Flint, M.D., Edward Vanderpoel, M.D. *Consulting Surgeons*—Valentine Mott, M.D., Alex. H. Stevens, M.D., Richard Satterlee, M.D., U.S.A., Alex. B. Mott, M.D., Surgeon to the Home and Medical Director. Benj. F. McCready, M.D., Attending Surgeon. Walter Caswell, M.D., House Physician and Surgeon. Alfred E. M. Purdy, M.D., Senior Assistant. Jesse D. Pitt, Junior Walker.

THE treatment of fractures on the battle-field is one of the most important duties of the Army Surgeon. The value of plaster of Paris as a dressing has recently attracted much attention, and is, we believe, adopted to some extent. By request, we have inserted in this number a very full paper on this dressing, taken from a lecture on Military Surgery, by Dr. GLÜCK, and published in the *American Medical Monthly*, of December, 1855. Dr. GLÜCK saw much service during the Hungarian war.

We learn from the *Syracuse Journal* that the Annual Report of Dr. Wilbur, the Superintendent of the New York Asylum for Idiots, located in that city, shows that at the close of the last year there were one hundred and thirty pupils in that institution. Six of the former pupils were temporarily absent, and there were several pupils accepted but not yet received. Of the State pupils connected with the Asylum, 18 have been inmates for more than six years; 11 for five years; 3 for four years and a half; 9 for four years; 4 for three years; 8 for two years and a half; 15 for two years; the remaining 50 having been inmates for a less period than two years. Plain, substantial, and convenient buildings, and out-buildings, secure the personal comfort of the inmates, and at the same time diminish the cost and labor of taking proper care of them. Fifty-five acres of excellent land, improved by thorough culture, and stocked with a large number of fruit-trees, afford the opportunity for the advantageous employment of the larger boys in agricultural labor.

THE CONSERVATIVE TREATMENT OF FRACTURES.

By ISIDOR GLÜCK, M.D.

CHIEF SURGEON TO THE HUNGARIAN HUSSARS.
(From the *American Medical Monthly*.)

GYPSUM OR STUCCO BANDAGES.

ALTHOUGH even in compound fractures, where the wounded place has to be left uncovered, the application of Seutin's starch bandage answers this purpose best, still there are some objections to its being used in the field, or even in the hospital.

1. It dries too slowly, and cannot replace therefore immediately manual extension, which is required in order to retain the ends of the broken bone in mutual contact. It is, therefore, necessary to use machines or apparatus till the bandage becomes dry for 24-48 hours.

2. The thickness of the walls of the bandage diminishes, while the bandage becomes dry, and thus receding somewhat from the limb, cannot serve instead of the manual extension.

3. The application of the starch bandage costs on the field much time and trouble. The limb must first of all be surrounded by a roller, then covered with compresses and rollers, pasteboard and splints are then applied, and the whole again surrounded by a roller. The application of openings (windows) in Seutin's bandage is combined with difficulties. If the windows are made at the time when the bandage is applied, the same keeps badly together the fractured ends, and wood or tin splints must be used—if the windows have to be made when the bandage is dry, the wounded portion remains covered for a day or longer, and the excision or formation of the openings is in the hardened starch bandage yet more troublesome.

4. However dexterously we may apply the bandage, it will be pretty difficult to make so large openings as required, in order to expose the injured portion without loosening at the same time the whole bandage, while small openings or windows expose but a portion of the injured part.

5. In suppurating wounds, the pus discharged, as well as the fluid applied for cleansing the wound, and the moisture of the cataplasms, will run under the bandage and destroy the epidermis.

6. The hardening and unequally contracting starch bandage (i. e. quickly hardening at its thin portions, and slower in its thicker ones) exerts an unequal pressure and therefore an injurious effect on the swollen parts.

7. The starch bandage cannot be applied for transporting the wounded soldier, who receives on the battle-field a compound fracture, because it requires warm water (not always ready in the field) for preparing it: then again it dries slowly, the formation of windows causes loss of time and trouble, requiring the application of splints, and because the parts being covered for a day or two, are injured, as suppuration may follow, and the pus stagnates and runs into the bandage; in damp weather it becomes moist and soft, in the rain; it is, therefore, necessary to have ready-made capsules of starch bandage, and the so-called *movo-amovible* bandage, which often do not appose sufficiently, and cannot therefore replace manual extension.

Recently gypsum bandages have been suggested in Belgium, but their application, according to Dr. Mathieson and Van De Loo, is troublesome, and takes much time, so precious on the battle-field. This bandage is not lasting, its preparation and preservation still more difficult than that of Seutin's starch bandage; much more preferable and practical is the preparation and application of *gypsum bandages*, as made by Pirogoff,* and used by him to the greatest extent with the best results. The gypsum bandage is on the battle-field in many respects preferable to the starch bandage. The gypsum solution requires but cold water, and turns hard as soon as applied, and replaces therefore immediately manual extension, and neither machines nor apparatus are required for that purpose. The dry gypsum bandage becomes so hard, that no splints are required, even if large windows are made, and transporting of the wounded soldier is immediately after the application of the bandage possible without injury.

The gypsum bandage is simple and cheap, as it consists of old coarse linen and gypsum: its application is simple and quickly made. The gypsum bandage replaces manual extension perfectly, the assistants need only for a few minutes keep the limb extended after the bandage has been applied, then the gypsum bandage is stiff and hard enough to retain the ends of the broken bone in the position given to them. Their displacement is impossible as long as the swelling does not diminish, and a considerable interspace is not formed between the limb and the bandage. Thus the gypsum bandage renders superfluous all machines for extension, as required, while the starch bandage becomes dry. Only by the application of the gypsum bandage in oblique fractures of the thigh it is necessary to fix the pelvis, and to retain the limb extended by means of a bedtable, and by weights attached to the extremity. More apparent yet are the advantages of the gypsum bandage in oblique fractures, where

* Prof. of Surgery in St. Petersburg (Russia.)

the ends of the broken bone are *distant* from each other, in compound fractures and generally everywhere where it is necessary to keep open a wounded spot. In Pirogoff's mode of applying the gypsum bandage, the openings (windows) may be made *at once*; through them it is possible to view the position of the broken ends, the excoriations and wounds, and the curative process may be watched in its course. The gypsum bandage does not contract like the starch bandage, interspaces form *slower* between it and the leg, as in the gypsum bandage the interspaces depend upon the *decrease* only of the swelling, and not, like in starch bandages also, from unequal hardening of the bandage, and then again it does not become moist and soft in rainy weather. In complicated fractures the pus may be discharged, and find exit through the large windows made, and does not burrow itself *under* the bandage as is common in the *starch* one. Wet dressings may be applied *immediately* on the wound itself. The gypsum bandage becomes hard immediately after having been applied; wounded soldiers may therefore be safely transported *immediately* after the application of the gypsum bandage, from one place to another, even in the rain, without the bandage being disturbed, although the gypsum bandage may appear *wet* externally, which sometimes lasts for a few hours. The gypsum bandage may therefore be cut through immediately after the application in the interspace of the splints, if that should be required, in consequence of too great a pressure or pains, &c.

In the battle-field as well as in the hospitals, for transportation of the wounded soldier in the treatment of complicated fractures, with great dislocation of the ends of the fractured bones, the gypsum bandage is preferable to *every* other kind of bandages.

REQUISITES NECESSARY FOR THE APPLICATION OF GYPSUM BANDAGES IN THE BATTLE-FIELD AS WELL AS IN THE HOSPITALS.

1. Long, old hospital stockings made of linen, cut in front along the seam (if the seam is behind the stocking it must be turned and cut); old drawers also cut along the seam, and divided for one or the other limb; sleeves of old shirts (or instead of those long linen flaps cut in the form of stockings, drawers or sleeves); jackets or old vests, abdominal bandages covering the body once and a half; for fractures of the bones of the rump, pelvis, and of the neck of the thigh and bone. These pieces of linen used for surrounding the limb must be *equal, soft, and dense*. All seams must be removed.

2. Cotton or cleaned soft flax, pads filled with soft material, lint or flax for filling up (for instance, around the trochanters, around the malleoli in the popliteal region, and around the achilles tendons), simple and graduated compresses.

3. Splints of different dimensions in regard to length, width, and thickness, made of old coarse sack linen, as used for instance in hospitals for mattresses or straw mattresses. The old sack linen is folded twice, thrice, or four times, to the width of two fingers to one-third of a yard. The splints must, in fractures of the leg, the upper and forearm, exceed at least one-third of a yard the fractured bone, and in fractures of the thigh, and that of the neck of the thigh, it must be one-third of a yard longer than the *whole* extremity.

4. Strips (compresses) of the same linen from 2 inches wide, and of such a length as to surround the limb once or twice, they are calculated to fasten the splints, and are called *transversal* stripes (Pirogoff). These transversal stripes may be made also of fine linen, if the bandage should be a light one.

5. Plaster of Paris (gypsum) in form of fine powder and well dried. For the application of a bandage, never less than 2 lbs. have to be used (as for fracture of the forearm), nor more than 7 lbs., as for fracture of the neck of the thigh bone.

6. A vessel with cold water. The gypsum solution should not harden sooner than in five or eight minutes, in order to allow the application of the bandage. Although hardened, it still looks wet from the evaporation of the

water, out of the bandage painted over with gypsum solution, and the patient may safely be carried with it.

7. Large brushes, as used by house painters. Besides those necessary requisites in hospitals, may be used finer linen rollers for simple fractures and splints made out of pasteboard; and for complicated fractures, with large wounds, *splints* of wood, of different dimensions, together with pads attached to them on both ends, and also a few pieces of sheet iron or tin may be held ready.

THE APPLICATION OF GYPSUM BANDAGES,

Is made in the following way: The injured limb is first surrounded with dry linen, a sleeve, a linen stocking, or with half a drawer. Bony prominences must be wadded, and hollows filled out with cotton. The linen surrounding it must not be too thin, nor have holes in it, in which case the linen must be doubled, or the limb first covered by cotton. If this is not done the moisture presses to the skin, and the patient complains of a cold or burning sensation.

2. The broken limb is put in the required position, the extension is then made, and the fractured ends then approximated. Sometimes it is necessary to begin with the reduction, and subsequently follows the surrounding of the limb.

3. The splints and the transverse strips of sack linen, each three or four times folded, are put near the patient *in that* order as required to be later applied to the limb. An assistant prepares the solution of gypsum and paints with it the splints and strips, or rather dips them into the solution and brushes them with it. The proper application of the bandage depends now upon the gypsum solution. If the solution be too *thick* it dries *quick*, the splints and transverse strips are not *united* firmly together, nor are the splints firmly fixed if the solution be too thin. When the solution becomes denser, water must not be added to it, as the solution becomes through it creamy, is not imbibed by the linen, cannot be smoothed, does not adhere, and takes a long time to become dry.

5. The splints and strips of linen must be dipped in the solution, which I now prepare by adding to two pounds of water the equal weight of gypsum. They must be extended and swinging free, and must thus be brushed over on both sides with the gypsum solution as you see it here.

6. The splints must be applied longitudinally to the limb, and must be fixed by the transverse strips, carried around both the limb and splint. The transverse strips are applied in pairs, so that the one should cover the other partially. The splints may be applied in such a manner that the one should cover the other partially, or, what is preferable, in such a way that between the splints should remain a free open space on the *side*, in *front of*, or *behind* the limb. The assistants producing extension must continue to do so until the bandage is *hardened*, i. e. about eight minutes after the gypsum bandage has been applied. During its application the limb must be kept extended free, in order to be accessible from all sides. The splints must be pressed firmly to the limb by the hand. The *transverse* strips must be drawn firmly and tightened around the limb, and by the hand or brush well covered with gypsum solution, in order that all prominences and hollows should be equalized. In oblique fractures and dislocations of the fractured ends, at least two layers of transverse strips are necessary. But if the bandage has yet to be removed, it is necessary—

1st. To apply the splints with a space between them.

2d. The transverse strips are covered from the middle (where about the extent of two inches remains uncovered) towards their ends with gypsum solution.

3d. The transverse strips are applied so that the uncovered part should correspond in its situation to the longitudinal interspace between the splints.

In the field it is necessary to have arranged, before the application of a bandage, all requisites in one package for each fracture separate. Thus, for fracture of the forearm, the bandages should be separate from those for fracture of the leg, as you see it here.

(To be Continued.)

Medical News.

DEATH OF DR. ALLEY.—It is with sincere regret that we have this week to record the death of Dr. John B. Alley. The event was not unexpected either to himself or to his friends, as he has been for a long time in declining health, and, latterly, it has been evident that he could not long survive. The void occasioned by the death of Dr. Alley, not only in the ranks of the profession, but in the hearts of all who knew him, will not soon be filled. We all remember how for years he has faithfully stood by his post, when his strength was often well nigh exhausted, determined to shrink from no duty, so long as life remained, to further the interests of humanity; and we can all testify to the scrupulous fidelity with which he performed the responsible and often arduous official duties that devolved upon him. It is probable that the state of his health did not permit him to share largely in private practice, but the Massachusetts Medical Society will cherish his memory for the able and faithful manner in which he has so long guarded its interests; and the city of Boston owes him a debt of gratitude which never can be paid for his long and efficient services as Superintendent of the Boston Dispensary.—*Bost. Med. Jour.*

MILITARY HOSPITALS IN CINCINNATI.—There are at this time, in this city, four large hospitals, devoted exclusively to sick and wounded soldiers, namely: one on Lock street, known as the Marine; one on Fourth, between Main and Sycamore; one on Third; and one on George, between Baymiller and Freeman. Dr. John Moore, Assistant-Surgeon U. S. A., we believe, has charge of these. At the Marine Hospital, he is assisted by Dr. E. Williams; at the Fourth Street Hospital, by Dr. J. B. Smith; at the Third Street Hospital, by Dr. J. A. Murphy; at the George Street Hospital, by Drs. David Judkins and Wm. B. Davis. Each of these gentlemen receives one hundred dollars per month, compensation for his services. Besides these hospitals, there are soldiers at the Commercial Hospital, St. John's, and St. Mary's. The number of patients now on hand we are not informed; we presume it is constantly varying. Some two or three weeks ago, there were at the Fourth Street Hospital, under Dr. Smith, 215; there had been received into the house, 312; of this number, twelve had died. A large increase in the present number will doubtless take place from the wounded in the late battle at Pittsburgh, Tenn. We understand that hospital accommodations will be fitted up at Camp Dennison, a few miles from the city, to meet the necessity.—*Med. & Surg. News.*

PHRENOLOGY.—One would have thought that, after his execution, people would no longer talk of the famous Dumollard, the servant killer; but on the contrary, it now happens that his skull has fallen into the hands of phrenology, and the disciples of Gall and Spurzheim seek to prop up their theories with the bumps of this head severed by the executioner. It is exceedingly curious to see the results arrived at by enthusiastic phrenologists who have studied this skull, and the efforts they have made to "specify" the general faculties they have observed. For instance, they admit that Dumollard had not the bump of murder; but they do not consider themselves beaten for so little. In return, he had the bump of "secretiveness," or, in other words, cunning. But what is less easy for them to account for is, that he also possessed the bump of benevolence—which is rather startling. Nevertheless, by making a strict search of his life they find something that does not roundly contradict even this fact. It seems that phrenology is as elastic as India-rubber.—*Brit. Med. Jour.*

SIR BENJAMIN BRODIE has a second series of his *Psychological Inquiries* nearly ready for publication by Messrs. Longman and Co.

PHOTOGRAPHS OF THE EYE.—At a late meeting of the American Photographical Society, Dr. Henry D. Noyes exhibited a negative showing the optic nerve and interior of a rabbit's eye. The impression was obtained by a newly invented instrument devised by himself and Mr. Grunow, a practical optician. Such a photograph has never been obtained before in this country, although it is said to have been done in France. The interior of the eye, namely, the retina and optic nerve, has been disclosed to observation in the living person, by an instrument invented in Germany, called the Ophthalmoscope. This has been in use for ten years, but it is only now that the interior of the eye has been photographed. Dr. Noyes explained the working and principles of the new Ophthalmoscope, by the aid of diagrams, and the presentation of the instrument itself. Through it diseases of the eye can be studied with greater facility, and scientific records of them kept. The instrument displayed in its elegant and finished workmanship the highest mechanical skill. The discourse of the doctor was listened to with close attention, and the audience expressed their approbation by applause.—*American Journal of Photography.*

THE following General Order has been issued from the Adjutant-General's office:

First: Assistant-Surgeon William A. Hammond, U.S.A., having been appointed by the President Surgeon-General, with the rank of Brigadier-General, under the act approved April 16th, 1862, will enter without delay upon the duties of his office.

Second: Applications for transportation for the removal of sick men, for nurses, and for supplies for the sick, will be hereafter made to the Surgeon-General. The Surgeon-General is also authorized to give passes, at his discretion, for private physicians, nurses, and friends of the sick and wounded soldiers, to attend and visit them.

MAINE MEDICAL SCHOOL.—The clinic of this School, by Drs. Childs and Dana, for Saturday, April 19th, is reported in the *Brunswick Telegraph*. Eleven cases were treated, some of them of an interesting character, the operations being performed by Dr. Childs. Dr. Robinson's course of lectures being brought to a close, a suitable valedictory address to the students was made by him, and a letter of thanks from them was returned. Dr. Nourse, of Bath, commenced his course of lectures on Monday.—*Bost. Med. Jour.*

PERTUSSIS.—Dr. H. Holmes, in a paper read before the *Middlesex (Mass.) Medical Society*, recommends the following: R Tr. Cardamomi Comp. $\frac{3}{ss}$; Syr. Simpl. $\frac{3}{iiss}$. Acidi Nitrici, gtt. xxxij. M. Sig. From five drops to one teaspoonful to be given frequently, according to the age of the patient and the severity and frequency of the paroxysms.—*Med. and Surg. News.*

A FRENCH journalist says that, if the inhabitants of the Seine Department were equally divided among the doctors, each doctor would have one thousand persons out of whom to get his clients. The moral to be drawn from the fact, he adds, is this: that the young doctor who has not means of existence besides what he may get from practice, and settles in Paris, is a madman.—*Brit. Med. Jour.*

A NEW HÆMOSTATIC AGENT of great power has been recently announced. It is an extremely delicate and beautiful fern from Java, the Pengawar Jamba (*Palea Tibotti*), provided with very fine filaments, which are said to be used for the above purpose with great effect.

DR. C. A. FINLEY, late Surgeon-General, has been retired from service at his own request, by the President.

DR. J. H. THOMPSON, of this city, Brigade-Surgeon in Burnside's Command, has been discharged from service, as an alarmist.

DR. EVERETT, of Quincy, Ill., Brigade-Surgeon in Gen. Prentiss's Division, was killed at the battle of Pittsburgh Landing, while endeavoring to rally the troops.

Abstract of the Official Report.

From the 28th day of April to the 5th day of May, 1862.

Deaths.—Men, 90; women, 266; boys, 118; girls, 97. Total, 511. Adults, 176; children, 335; males, 206; females, 305. Colored, 8. Infants under two years of age, 152. Children reported of native parents, 96; foreign, 11.

Among the causes of death we notice:—Apoxylexy, 8; Infantile convulsions, 19; croup, 8; diphtheria, 10; scarlet fever, 26; typhus and typhoid fever, 4; consumption, 78; small-pox, 14; dropsy of head, 31; infantile marasmus, 15; diarrhæa and dysentery, 0; inflammation of brain, 15; of bowels, 5; of lungs, 37; bronchitis, 7; congestion of brain, 14; of lungs, 8; erysipelas, 15; whooping cough, 3; measles, 1. 315 deaths occurred from acute diseases, and 56 from violent causes. 283 were native, and 119 foreign; of whom 81 came from Ireland; 10 died in the Immigrant Institution, and 48 in the City Charities; of whom 11 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

April & May. 1899	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'ion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	In.	In.	In.	In.	In.			
27th.	30.80	.07	48	37	60	9	10	N. to SE.	1	500
28th.	30 10	.34	47	37	59	3	6	N.E.	9.7	794
29th.	30.00	.04	45	37	54	3	6	N.E.	6	864
30th.	30 04	.10	50	40	59	5	9	N.E. to SE.	1	680
1st.	30.00	.10	47	46	55	13	3	N.E.	10	940
2d.	29 38	.14	51	45	59	5	3	N.E. to SE.	9.9	890
3d.	29 24	.07	55	45	55	5	8	N.E. to SE.	2	736

REMARKS.—27th, Clear, with fresh wind. 28th, Cloudy, light rain P.M. 29th, Fog A.M., light rain during the day, clear late P.M. 30th, Clear, hazy late P.M. 1st, Variable sunrise, rainy day. 2d, Rain till 4 P.M., fog evening. 3d, Fog A.M., day mostly clear.

REPORT OF THE METEOROLOGICAL COMMITTEE OF THE

REPORT OF THE METEOROLOGICAL COMMITTEE OF
N. Y. CO. MEDICAL SOCIETY. READ MAY 5, 1862.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, APRIL, 1862.

	Degrees.
Mean temperature for the month of April.....	47
" " at 6 A.M.....	40
" " at 10 A.M.....	47
" " at 3 P.M.....	55
" " at 6 P.M.....	49
" " at 10 P.M.....	43
Mean temperature of evaporation at 6 A.M.....	36
" " at 10 A.M.....	41
" " at 3 P.M.....	46
" " at 6 P.M.....	43
" " at 10 P.M.....	39
Mean minimum temperature.....	38
" maximum.....	56
" temperature of evaporation.....	41
Minimum temperature in the month, on the 9th.....	-26
Maximum " 18th.....	83
Minimum " of evaporation.....	23
Maximum " 	75
Mean weight of vapor in a cubic foot of air.....	3.4
Minimum " " ".....	1.67
Maximum " " ".....	7.17
Mean height of barometer at 6 A.M.....	in. 30.08
" " at 3 P.M.....	30.11
" " at 10 P.M.....	30.06
Mean height of barometer for the month.....	30.07
Minimum " on the 23d.....	29.45
Maximum " " 27th.....	30.40
Inches of rain, less than usual.....	3
Days of Easterly winds.....	15
" Westerly winds.....	15
Days mostly clear.....	18
" cloudy.....	12
Days mostly of rain and snow.....	4
REMARKS.—The last snow storm of the season on the 9th, with high wind. The barometer ranged unusually high. Very warm weather prevailed during the middle of the month. The weather was fine and not so variable as usual. Wind mostly fresh. Upon fifteen fine days the wind blew in the morning from the land towards the sea, and in the afternoon from sea landward.	

MEDICAL DIARY OF THE WEEK.

Monday, May 19.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M.
Tuesday, May 18.	{ BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, Ia. Hos., half-past 1 P.M.
Wednesday, May 14.	{ " " Dr. Flint, Ia. Hos., 3 P.M. EYE INFIRMARY, 12 M. NEW YORK PATHOLOGICAL SOCIETY, 8 P.M. NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M.
Thursday, May 16.	{ BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, May 16.	{ EYE INFIRMARY, 12 M. BELLEVUE HOSPITAL, Dr. McCready, half-past 1 P.M. NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M.
Saturday, May 11.	{ BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

Dr. Alfred C. Post has removed to
800 Madison Avenue, above 40th Street.

Notice of Removal.

DR. HANBURY SMITH

HAS REMOVED HIS

LABORATORY AND SALESROOM TO

808 BROADWAY, Opposite Eleventh Street.

Removal.

WILLIAM WOOD.

(Late S. S. & W. Wood.)

MEDICAL BOOKSELLER.

HAS REMOVED TO

No. 61 Walker St., (Four doors West of Broadway.)

DR. NÖGGERATH

HAS REMOVED HIS OFFICE TO

125 W A V E R L E Y P L A C E.

John W. Shedden, Apothecary,
368 Bowery, cor. 4th St.

863 Bowery, cor. 4th St.

Squibb's, Allen's, Tilden's, Herring's, and other fine preparations always on hand; also Pure Chloroform and Oxalate of Cerium prepared for use by Duncan Flockhart & Co., Edinburgh.

P. W. BEDFORD.

PHARMACEUTIST.

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Sewing Machine Co.
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will be sent mail free.**

Having just completed the most successful season's business they have ever enjoyed—wherein they have demonstrated that, *for all kinds of work*, they have "THE SEWING MACHINE OF THE WORLD"—enter upon the New Year with still more IMPORTANT IMPROVEMENTS, the latest being their

"NEW TAILORING MACHINE."

NEW FANCYING MACHINE.
Having heretofore aimed almost wholly to supply a Family Machine, which should do all kinds of family sewing, and be compact, we now enter the market with a new machine, which, while it is light and strong, is adapted for rapid movements, for simplicity and durability, and is well adapted to make the **HEAVY ARMY AND NAVY COATS**, with linen thread, it can, by a slight change, be made to do the fine family sewing; thus combining in one machine adaptation to **FINE FANCY SEWING** and **HEAVY MANUFACTURING**. This can be best appreciated by those who have owned and operated machines. We do not ask or expect the public to be governed by our statements alone. *We court investigation*, and refer to the thousands who have our machines in successful operation.

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588 Broadway, New York.

E. & S. FOUGERA, PHARMACEUTISTS, No. 30 N. William st., N. York, and No. 169 Atlantic st., Brooklyn,

GENERAL AGENTS FOR THE FOLLOWING PREPARATIONS:

AGENTS: T. METCALF & CO., BOSTON, MASS.; H. P. WAKELEE, SAN FRANCISCO, CALIFORNIA; E. L. MASSOT, St. Louis, Mo.; , BALTIMORE, MARYLAND, ETC., ETC.

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This Tissue is always reliable, being of a uniform strength and blistering in six hours. It is neat, handy, economical, and of a great convenience for Physicians (*principally country Physicians*), Pharmacologists, and Patients. Generally used in the civil practice; it is the only one employed in the active armies and hospitals of France.

ALBESPEYRE'S EPISPASTIC PAPER, is used for maintaining blisters, in preference to any drawing ointments.

RAQUIN'S CAPSULES,

Approved by the French Academy of Medicine—Daily prescribed with success by the profession at large. These Capsules are superior to any similar preparations.

GENEVOIX PURE OIL OF HORSE CHESNUTS.

This *Anti-Gout* preparation is among the numerous topical applications possessed by therapeutics, the best external remedy for Gout, Rheumatism, and NEURALGIA.

N.B. It is very important, in applying this oil, to rub gently on the inflamed part, till the skin is completely saturated with the oil.

E. GENEVOIX, Pharm., 14 Rue des Beaux Arts, Paris.

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Every physician, every work of medicine, regards the Iodide of Iron as an excellent preparation, uniting the properties of both Iron and Iodine.

Each pill contains one grain of Iodide of Iron, the dose is two to four pills a day. None are genuine which have not a reactive silver seal attached to the lower part of the cork, &c., &c.

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BONJEAN'S ERGOTINE & DRAGÉES OF ERGOTINE.

Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of *Secale Cornutum*, minus its poisonous substance. In consequence, *Bonjean's Ergotine* may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of *Bonjean's Ergotine* is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

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QUEVENNE'S IRON AND DRAGÉES OF IRON BY HYDROGEN.

Physicians desirous to have a faithful article, will prescribe *Genuine Quevenne's Iron*, which is always uniform and reliable, and quite different from the commercial Iron by Hydrogen.

It comes in small bottles, with a tin spoon containing two grains of Iron, which is a dose.

E. GENEVOIX, 14 Rue des Beaux Arts, Paris.

LEBEL'S SAVONULES OF COPAIVA, &c., &c.

The unfriendly action of Copalva on the stomach, causing nauseous eructations and gastric derangements, renders its continued employment often impossible. In Lebel's Savonules, the Balsam, by its saponification with an alkali, is modified in such a manner, that its digestion is easy and its absorption more ready, besides its elegant form and disguise under a coating of gluten, recovered by sugar as a dragée, neither offend the sight nor displease the palate.

PIERLOT'S VALERIANATE OF AMMONIA, FOR NERVOUS AFFECTIONS.

This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia*, *Epilepsy*, *Convulsions*, *Hysteria*, &c., &c.

Dose.—Two to three teaspoonfuls daily.

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GENERAL AGENTS FOR THE ABOVE PREPARATIONS.

N.B. PHARMACEUTISTS AND WHOLESALE DRUGGISTS will find it to their advantage to send for our new Price-Current, in which the prices of Imported French Medicinal Preparations are much reduced.

BOUDAULT'S PEPSINE,

Successfully prescribed in *Dyspepsia*, *Gastralgia*, in slow and difficult digestion, in chronic diseases, and also to arrest vomiting during pregnancy.

Dose.—Fifteen grains in powder, two or three times a day, just before eating.

LABELONYE'S GRANULES OF DIGITALIS,

Each Granule contains one-third of a grain of Hydro-alcoholic Extract of Digitalis Purpurea. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the Pulsations of the Heart, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations*, *Aneurisma*, and *Hyper-trophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

Dose.—Four to ten Granules daily.

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FRUNEAU'S ASTHMATIC PAPER.

This paper contains a determined quantity of Nitrate of Potash, Belladonna, Hyocianum, Stramonium, and it burns well, and its pleasant fumes near the patient, in a closed room, relieve immediately all oppressions.

FRUNEAU, Pharm., NANTES, FRANCE.

E. & S. FOUGERA'S COMPOUND DRAGÉES OF SANTONINE.

These Dragées compound of Santonine and Jalapine are at the same time vermifuge and purgative—being coated with sugar they are pleasant to take, even for children. Each Dragée contains half a grain Santonine and one-fifth of a grain of Jalapine, with chocolate and coated with sugar.

Dose.—Ten to twelve a day for an adult, repeated three days.

GELIS & CONTÉ'S DRAGÉES OF LACTATE OF IRON.

Approved by the French Academy of Medicine.

The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis*, *Whitish*, *Anæmia*, and general debility. Each Dragée contains one grain Lactate of Iron.

Dose.—Two to three, three times a day.

PAULLINIA-FOURNIER,

Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia*, *Headache*, *convulsions of the stomach*, &c., &c. It is favorably spoken of by Drs. Troussseau, Pidoux, Grisolle, &c., &c.

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E. & S. FOUGERA'S DRAGÉES AND SYRUP OF PYROPHOSPHATE OF IRON.

The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility*, *Anæmia*, *Dyspepsia*, *Neuralgia*, and principally where a nervous tonic is indicated.

Dose.—Two to four Dragées, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Record says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as codliver oil.

Dose.—A teaspoonful two or three times a day.

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Original Lectures.

COURSE OF LECTURES

ON

DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.
SESSION 1880-81.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE VIII.—PART II.

Dentition, and the Etiology of the Affections of the Respiratory Organs, Ear, and Eye.

(Continued from page 179, Vol. III.)

AFTER all my previous remarks on the nature and pathology of the mucous membrane in general, a few additional words will suffice to illustrate the relation of diseases of other organs to the protrusion of teeth. For the organs of digestion are not the only ones which are said to be influenced by, and to suffer from, dentition. Many diseases of the uropoietic, sexual, respiratory, and sensory organs have been attributed to the same cause.

Diseases of the respiratory organs are very frequent in infantile age. The liability to catarrhal and inflammatory affections of the bronchi, etc., decreases, as a general rule, with the age; so much so, that their number during the time of dentition is decidedly less than before. This circumstance alone ought to render us careful in speaking of the protrusion of teeth as a cause of diseases of the respiratory organs of whatever character. The etiology in a given case is by no means unimportant; as the prognosis and even treatment depend a good deal on the causes of the affection. Among these the influences of weather, temperature, and seasons, rank very high, as is well known; a number of epidemic diseases, as morbilli, whooping-cough, and scarlatina, exhibit, too, a great tendency to complications with catarrhal affections of the respiratory organs. These affections, however, appear frequently without peculiar danger, being the direct results of the state of the atmosphere, exhibiting an epidemic character. Many other diseases are liable to the same complications. Thus rhabditiis, syphilis, scrofula, and tuberculosis, are among the principal causes of bronchial catarrh and pneumonia; inflammations of a croupous character engender in the neighboring organs the liability to catarrhal affections of the mucous membrane; and pseudo-membranous croup in the larynx is often combined with bronchitis and bronchopneumonia; and even marasmus resulting from copious secretions or defective nutrition, appears to give rise to severe and obstinate catarrh of the respiratory organs, by the inspissation of the blood and by the impediment to the normal circulation.

As it is not my object to give the full pathology of the organs which have been believed to be endangered by the process of dentition, I hardly need speak of the variety of forms of catarrhal and inflammatory affections depending on the age of the patients, the seat and severity of the disease, and its primary or secondary character. In very small infants, catarrh of the bronchi is most dangerous; the more so, as not only the large ramifications will be affected, but the last ends of the air-tubes will be easily involved, when we have developed the dangerous complexity of symptoms belonging to capillary bronchitis. The severity of the symptoms, the chills, uneasiness, restlessness, thirst, cough, pain, dyspnoea, cool extremities, the local physical symptoms, and nervous affections, as convulsions, depend on the extent and situation of mucous membrane and pulmonary tissue involved in the process. Many inflamed lobuli in a

AM. MED. TIMES, VOL. IV., No. 20.

single lobus will not, as a general rule, bring on the same amount of dyspnoea as the same number interspersed in the healthy tissue; cough will be more frequent in mere affections of the mucous membrane, or in the last stage of pneumonia, than in its first stage, and where the symptoms of pneumonia predominate over those of catarrh. Bilateral affections are much more dangerous than those confined to one side; so much so, that bilateral pneumonia in very young children is an almost fatal disease; and nervous disorders, as convulsions, are exceedingly more frequent in affections of the upper lobes of the lungs than in the other. Catarrh of the trachea and first ramifications is seldom a cause of great dyspnoea; in the ramifications of the second order the alternations of the utmost dyspnoea and comparative ease depend on the presence or removal of the secretion, and are characteristic of this locality; the catarrh of the capillary ramifications has been stated to be very dangerous indeed. Nasal catarrh is liable to be transmitted through the naso-lachrymal duct to the conjunctivæ of the eyelids and the bulbus, especially the chronic form, depending on dyscrasic causes. Laryngeal catarrh, with its peculiar croupy cough, and hoarseness, and intense reflex sensitiveness resulting in troublesome attacks of coughing, and its frequent complications with catarrh of the pharynx, is not rarely complicated with catarrh of the Eustachian tube, and even the external ear; and all of them have a decided tendency of successively or simultaneously endangering the whole mucous membrane of the respiratory organs.

Whatever, then, I have cursorily stated on the causes and nature of catarrhal and inflammatory affections in this locality, shows that dentition is certainly not frequently to be blamed for their presence. I have here again, as in other instances, laid the most stress on the large number and variety of causes, in order to show that a differential diagnosis and exhaustive knowledge of general etiology will keep us from falling into the well known errors and misconceptions, universal in the public, and still frequent in the minds of professional men. Nor is there any connexion between dentition and the treatment of the affections alluded to, with their fever, copious secretion, dyspnoea, and other symptoms. I do not see why a regular and strict diet, fresh and moist air, and uniform temperature required in the treatment of bronchial catarrh or pneumonia, should be considered as being in a direct relation to dentition; nor do I detect any between this physiological process and the febrifuges, veratria, digitalis, quinia, and antimony; or narcotics, as opium, hyoscyamus, and cannabis; or derivants, sinapisms, vesicatories, and local depletion; or expectorants of both mild and stimulant character, antimonials, ipecac, muriate, acetate, and sesqui-carbonate of ammonia, senega, camphor, benzoic acid, and others.

The catarrhal affections of the eye, and the catarrhal otorrhoea, have already been alluded to. Their etiology, and therewith the possibility, or probability, of their dependence on dentition, have been spoken of on different occasions. I, therefore, leave you to the inferences naturally resulting from all my previous lectures. The only thing, however, to which I desire to direct your attention, is the occurrence of otorrhoea in all the periods of rapid cranial development, especially in such children who from bad habits, hot pillows and bonnets, or hereditary or acquired scrofulous disposition, are liable to accumulations of an over amount of blood in the head. That in a time where the physiological development of the head closes sutures and fontanelles, raises teeth, and increases the amount of cerebral substance by a normal hyperæmia, otorrhoea should occasionally show itself, is no more wonderful than the fact clearly proven by every day's experience, that most cases will come on without serious symptoms of any kind, and gradually disappear spontaneously, no remedy having been resorted to besides cleanliness, and in some cases a gently astringent application.

At all events you perceive how little there is in that "teething through" or "over" the chest, ears, or eyes.

Original Communications.

SURGICAL SERVICE OF THE NAVY IN TIMES OF WAR.

TRANSLATED FROM THE FRENCH OF

JULES ROCHARD, M.D.,

SURGEON IN CHIEF OF THE FRENCH NAVY.

CASE OF THE WOUNDED.

THE navy is, above all things, made for war; that is its principal mission, and it is to that end that all the elements of its organization ought to tend. The service of the wounded, in time of action, is among the most important, and at the same time the most difficult duties of the navy surgeon. At sea, as on land, war has exigencies, before which everything must give way, and which often oppose almost insurmountable obstacles to the fulfilling of their charge. They must at such times have as much resignation as devotedness, as much coolness as experience, to be fully able to answer the calls made upon them.

The difficulties are not the same in the navy as in the army. They consist, after a principal land battle, in the number of the wounded, the extent of ground they cover, and the insufficiency of the means of transport; after a naval engagement, on the contrary, it is the crowding of the wounded into a small space which interferes with the proper surgical attendance. The position of the sailor is better than that of the soldier. He has not to fear being left behind, and falling into the hands of the enemy; he has not to suffer long hours of agony whilst waiting for help to reach him; he is always sure of an asylum, and however deadly the fight may be, the number of surgeons, and the resources at their command, are sufficient to meet all emergencies. But these circumstances, favorable as they may be for the wounded, embarrass the officers. On land the wounded never interfere with the evolutions, on board they necessarily hinder the working of the vessels.

A squadron can be engaged at anchor, and under sail or steam.

At Anchor.—In this case it can be engaged with forts before which it has taken its position, or with a division of the enemy, attempting to drive it away. Since the Empire, the battle of Navarino is the only one that a French squadron has fought under sails. All other engagements have been against forts or batteries, of which the results have rarely been very deadly. Thus at St. Jean d'Ulloa, where the French frigates, anchored at four cable lengths from shore, were exposed during three hours to the fire of one hundred and sixteen guns, and the *Iphigénie* was struck in her hull by over one hundred balls, our losses were only five killed and thirty wounded, of which five were officers, whilst on the Mexican side over four hundred men were killed or wounded. At Tangier, Mogador, and Salé, they were still less. At Petropaulski the fort had only eight wounded. At Sveaborg only a single one. At the attack on Sebastopol on the 17th October, the French and English squadron were under the fire of three hundred and six guns of the heaviest calibre during five hours, at an average distance of seven cable lengths. These guns were served by experienced gunners, and yet at the end of the action the twenty-four vessels composing the French squadron, among which were twelve ships, had only lost thirty men, and had only one hundred and eighty-one wounded. The English were rather more unfortunate, having had forty-four killed and two hundred and sixty-six wounded.

In such instances there are no difficulties in the way of the surgeons. The wounded follow each other at long intervals; there is plenty of time to remove them, to give them the necessary attention, and enough room for them to lie down.

When, however, the squadron at anchor receives the

shock of the enemy coming from the seaward, master of their position, being able to concentrate their fire, shift their position, and approach as near as they please, the results are generally very deadly. Of this the battles of Aboukir, Navarino, and of Sinope, are examples. In such bloody affairs the surgeon is under as many difficulties as he would be during a combat under sail or steam. He has, however, one resource the more. The vessels at anchor are broadside to the enemy, and unless they are surrounded, as at Aboukir, they only fire from one side. The other side is consequently unoccupied, and can be used as a temporary dépôt for the wounded. One of the surgeons can make an examination, and after a preliminary dressing send back to the service those who are only slightly wounded, and to the post for the wounded those who are still able to walk; place under shelter, as well as possible, between the dismantled guns, the poor unfortunates who have only a few moments longer to live, and only send down, by means of slings, those whose state demands immediate attention. By this means the larger part would be spared a long and painful carriage, and the batteries towards the enemy's side would be immediately disencumbered.

Combat under Sail or Steam.—In this case both broadsides must be ready for action. As they must be completely disengaged so that the fire may not be diminished, the wounded must be taken away at once, and at this time the difficulties which we have pointed out are most painfully felt.

When, during exercise, the decks are cleared for action, it takes at the lowest calculation from four to five minutes to take up a man supposed to be wounded, to carry him to the hatchway, place him in the slings, lower him down, and hoist the slings up again, and this when the ship is at rest, every one keeps his presence of mind, and the sailor does not require careful handling. It is allowable to suppose that in the midst of the smoke, of the noise, and of the confusion inseparable from a fight, a still longer time would be requisite to remove a man badly wounded; but allowing nothing for this difference, taking the ordinary case of a vessel which has received one or two broadsides at close quarters, if she has only fifty wounded, it would take over three hours to lower them into the cockpit, allowing that no fresh casualties increase the number; and during all this time the guns would be encumbered, and the gunners would not be able to serve their pieces without being obliged to tread on the bodies of their comrades. It is indispensable that a more expeditious way should be devised to secure the speedy removal of the wounded. To us this seems possible. 1st. Necessity for establishing two passages for the wounded. On board steam vessels, whenever an affair promises to become serious, it seems to us indispensable that there should be two passages opened for the removal of the wounded, one forward and the other aft. The length of these vessels, and their division into two parts by the machinery, makes a necessity for this. The forward and aft hatchways are large enough for a litter or bench to be lowered down there, either to the cockpit or the orlop deck, and once there the object is attained. The rest concerns the surgeons and the men under their orders. 2d. Means of transport. The regulation frame answered all purposes on board sailing vessels, but it is difficult to handle in the narrow hatches of our modern ships. It is too long, and swings too much. If it is only hung by a single line, as is done on several ships, it hangs in all directions, and can take all imaginable angles; if it is hung by the two ends, it can still have lateral oscillation; lastly, if it is held at the four corners, it is true it descends vertically, &c.

Three conditions are indispensable to attain these results. 1st. An easy passage and commodious means to lower them into the hold. 2d. Sufficient space to perform the urgent operations and the first dressings. 3d. A place spacious enough to spread the mattresses.

These are easy enough to be attained when the wounded are small in number, and are brought in at long intervals;

but these are only exceptional cases. It is well known how deadly naval combats are. At the time of our maritime wars it was not uncommon to see the vessels which had been in the midst of the fight withdrawn with a third or a half the crew *hors de combat*. It would be easy to find examples to show that this number has often been exceeded. We refer only to one, the darkest and most bloody, it is true, of the bad days of our history:—after the battle of Trafalgar, most of the vessels taken by the English only had a handful of men left to defend them. The *Fougueux* had lost four hundred out of a crew of seven hundred. The *Intrepide* lost three hundred and six. In that small space, in which are crowded so many men and so much cargo, the want of room is a permanent difficulty. The engagements, the damage done by the enemy's fire, always cause a disorder still further augmented by the presence of the wounded, who must be removed as promptly as possible from the decks. It is not only a question of humanity, but their presence cramps the working of the guns, and produces the most baneful effects on the morale of their comrades. They must receive immediate attention, so that they may be placed in a safe place, and may lie down as well as can be until they can be carried back to the gun decks; in other words, until the end of the action.

(To be Continued.)

CASE OF INVERSION OF THE UTERUS.

By J. BYRNE, M.D., M.R.C.S.E.

OF BROOKLYN, N. Y.

Mrs. B—, æt. 32, of spare habit and of a somewhat nervous temperament, was seized with labor pains at seven A.M. on the 19th ultimo, which being slight and of short duration, or as her nurse termed them, "cold twitches," it was not thought advisable to send for me. About half past nine A.M. her pains became more severe, and as it was then my hour for being out I could not be found when sent for, and before ten o'clock her baby was born. Having had on two previous occasions some difficulty in removing the placenta, and fearing the same trouble again, she became alarmed and sent for the nearest medical aid. The placenta was removed after a good deal of hard work and no little pain to the patient, by the gentleman referred to, about eleven A.M. I saw her for the first time about half past eleven, and found her, as was usual after her previous labors, much prostrated, with pulse 120, but otherwise "comfortable." She said the extracting of her afterbirth gave her more pain than the previous part of her labor, and more than she had ever suffered before under similar circumstances. However, as she seemed to be on the whole pretty easy, I contented myself by giving the nurse some ordinary directions and enjoining perfect quietness.

With the exception of a little nervous fever, everything went on well until the eighth day, nor had she, during the whole week, a single symptom indicative of uterine or peritoneal trouble. Having had no operation from her bowels for two days, I prescribed a dose of aperient medicine, and left with the intention of not calling again for two days.

About seven P.M. I was sent for in great haste, and when I arrived was told by the nurse that, in sitting up to have an operation from her bowels, something as large as a child's head had come away from her and was then lying on the bed. On raising the bedclothes I found to my astonishment what I had little difficulty in recognising as an inverted uterus. Before attempting to replace it I examined carefully, and on the fundus remarked three or four clots of blood adhering, which on removing I found had escaped from a lacerated looking surface, and from which blood continued to ooze. I should here remark that she had during all this time neither backache, bearing down sensations, nor the slightest indication of faintness or sinking, and pulse from 110 to 120. I returned the uterus into the vagina after a good deal of trouble, but without

causing any pain, my next efforts being directed towards reverting it. This, however, I found no easy matter, partly owing to the contracted condition of the os uteri, and principally on account of the very thin and flabby condition of the fundus, which deterred me from making a very great amount of pressure. Having wearied both muscle and patience without success, I sent for a medical friend in whose ability I had confidence, but all his efforts were likewise in vain, and we gave it up for the present, having ordered three grains Dover powder every two hours. At nine A.M. on the following morning I saw her, and on inquiring how she spent the night, was told that *she felt as comfortable as if nothing had happened*, but owing to her great anxiety slept but little. On making a vaginal examination I found things pretty much as I left them on the previous evening, and was told that she had passed water freely during the night. Renewed attempts at reduction failed, and the propriety of using chloroform was agreed upon; however, the case being a most dangerous one, I requested the assistance of Professor Barker, of New York. He saw her about half past nine P.M., twenty-six hours after the accident. The anæsthetic having been administered, Dr. B. proceeded to return the uterus, and after over an hour's hard work, and an amount of force which I thought at the time almost incompatible with the safety of the patient, the organ was replaced with an audible snap. The subsequent progress of the patient was as uninterrupted as if nothing unusual had taken place.

A CASE OF

SEVERE PUNCTURED WOUND:

BODY TRANSFIXED BY A BAYONET:—RECOVERY.

By B. J. D. IRWIN, M.D., U.S.A.

MEDICAL INSPECTOR 4TH DIVISION, ARMY OF THE OHIO.

In the early part of February, 1861, the various tribes of Apache Indians, inhabiting the mountainous regions of Arizona, broke into open hostilities against the government, perpetrating atrocities and unheard-of cruelties upon the unfortunate white settlers, and torturing their luckless captives in the most barbarous and cruel manner. Unfortunate prisoners were starved, others tied up for slow target practice, and some were hung up by the feet and broiled to death by fires built beneath their subverted heads! It was during the enactment of this ferocious crusade, that the following interesting case came under my supervision.

A small party of our troops were hemmed in, in one of the gorges of the Chiricahui Mountains, by superior numbers of Indians, who were endeavoring to capture our slender force. We held some prisoners of theirs as hostages for the safety of some citizens in their possession, whom we desired to exchange. On a certain occasion, the prisoners in our possession made a simultaneous attempt to break away from our guards. One robust athlete, æt. about 25 years, was knocked down by the sentinel by a blow from a musket on the back of the head, and held pinned to the earth by a bayonet which transfixed his body. The weapon entered the abdomen in the anterior upper angle of the left hypochondriac region, passed directly backwards and downwards, and made its exit a little below the posterior corresponding space, about two inches from the vertebral column. The victim was held in that position for some moments, until succor arrived to secure him and his desperate associates. A paroxysm of momentary weakness was all that appeared preternatural in him. The amount of hæmorrhage was very slight, and the man did not present any of the symptoms to be expected from so serious a lesion. He was tied and placed on his back; kept strictly quiet, and the cold water dressing applied—*snow-water* was used from necessity. The diet allowed was of the sparest kind. Not a bad symptom appeared, and on the fourth day the wounds were perfectly healed by adhesive inflammation. He complained but little of any pain or distress, which I attributed to the innate pride of his stoical character; being a brother

of the chief of his tribe, he held it beneath his dignity to manifest any external show of physical or moral suffering. On the ninth day he walked to the place of execution, where he, with five of his companions, was hung to the boughs of two stately oaks, overshadowing the graves of some fourteen of our citizens, whom the savages had treacherously and cruelly tortured to death while prisoners in their hands. As we were desirous of making a lasting example to our treacherous foes, the bodies were allowed to remain suspended permanently, which prevented my making a *post-mortem* examination of the body of the one whose case I have described.

"FIELD OF SHILOH," TENN., April 18, 1862.

Reports of Hospitals.

NEW YORK EYE INFIRMARY.

STAPHYLOMA CORNEÆ,

WITH CASES AND REMARKS,

By HENRY D. NOYES, M.D., ASSISTANT SURGEON.

(Continued from page 265.)

V.—*Staphyloma Corneæ; Ablation; Cure.*—I am glad to be able to present for Dr. Hinton a brief account of one of the cases spoken of in the former part of this paper. It is a case where the staphyloma was simply excised. The patient was a German girl—Sophia R., æt. 4. The staphyloma was very prominent. No accident occurred during or after the operation. The child was not seen until ten weeks had passed. The eyeball is of natural size, the cornea replaced by a dense white cicatrix. There was no irritation about the eye, and no intention to wear an artificial eye. The mother appeared satisfied to have the unpleasant prominence removed.

What will determine the choice of operations in cases of staphyloma corneæ?

First, as to Iridectomy. This is done when the purpose is to retain the natural eye, the deformity being abated or removed. The other operations are usually intended as preparatory to the wearing of an artificial eye. All that iridectomy can do is to diminish excessive convexity, while it can effect nothing in removing opacity of the cornea. This latter condition, the whole cornea being deeply white, is sometimes so offensive as to lead patients on this account to seek extirpation of the globe, and the substitution of an artificial eye.

What cases can be relieved by Iridectomy? First, when the staphyloma is recent, or is in process of formation. One of the cases adduced is of the latter class. There may be considerable congestion of the sclerotic present, as also pain and lachrymation. To relieve these symptoms and restrain the advance of the cornea, paracentesis may be performed, and several times repeated. When a few trials have shown the relief to be but temporary I would at once resort to iridectomy. The place where the excision is to be done will be determined by the state of the cornea. If there be any transparent substance left, the opening in the iris should be made opposite to this spot. If there be no such chance of improving vision, the iridectomy is most easily done on the temporal side of the cornea. The existence of a certain amount of inflammation does not contra-indicate the operation; the wound will increase the inflammation to a moderate extent, but the cornea will at once be made flatter as the effect of diminution of intra-ocular pressure, and so soon as the wound is well healed the general congestion will rapidly abate. The complete flattening of the

cornea is not attained at once. It becomes more and more apparent with the disappearance of hyperæmia. Its texture gains firmness, and the inflammatory action subsiding, serous effusion within the globe ceases.

Secondly, Iridectomy in *partial* staphyloma corneæ, of long duration. Here the cornea has adjusted itself in some degree to the amount of pressure behind it, and the prominence may be stationary. There will be no considerable congestion or other acute symptoms. There may or may not be adhesion of the iris to the projecting point of the cornea. For these cases iridectomy is a grateful resource, because it offers alleviation when no other effectual operation could be the alternative which would not incur risk of severe inflammation, or sacrifice the eye. The operation neatly done, does not, in those cases where no congestion remains, occasion any serious inflammation. Within ten days the eye will be quite recovered. The effect of the operation is not so decided in these as in recent and advancing cases. The cornea has adapted itself to its abnormal condition. The improvement will be more gradual; and when the full benefit of one operation has been attained, I would not hesitate to do it the second time, after the lapse of some months.

Iridectomy is not suited to the reduction of very large or old staphylomata. One case quoted above went amiss, partly because of accidents during and after the operation, and partly because the wound in the sclerotic was a little too far distant from the cornea. On this point it is to be observed, that the exact situation of the wound is a matter of nicety. The full benefit of iridectomy is to be obtained only when the section of iris is removed quite up to the ciliary edge. To do this the knife must pierce the sclerotic, and its point enter the anterior chamber at the pillars of the iris. It is also desirable to go through the sclerotic with as little obliquity as possible. The knife may, by thrusting it quite slantingly, be made to enter the anterior chamber when the point has been placed on the sclerotic two lines distant from the cornea. This was done in the case referred to. But it was found afterwards that the tips of the ciliary processes had been mutilated. The annoying bleeding during the operation may have partly been due to this cause. The true distance of the wound from the cornea should be one line; the lance knife should be carried almost perpendicularly into the anterior chamber, and when its point is seen to have entered, its direction may be slightly changed so as to keep in a plane parallel to the iris. The breadth of iris removed always corresponds to the size of the inner edge of the wound: the length of wound should be about one-quarter of an inch. I may remark, that the successful treatment of staphyloma of the cornea by Iridectomy proves the possibility of thus diminishing intra-ocular pressure, and furnishes an argument to those who have been unable or unwilling to believe that iridectomy could be of any benefit in treatment of glaucoma.

When the globe is too much deformed to be thus relieved, and an artificial eye is desired, the question arises, shall abscission of the staphyloma or extirpation of the eye be chosen? In balancing the risks and advantages of these two operations, in far the greater number of cases my mind preponderates to the latter. The argument may be thus stated:—Dangers of abscission are, severe inflammation of the stump of the eye, from choroidal hæmorrhage, or by the simple exposure of the interior of the eye. The usual result of inflammation is suppuration of the eye, which will reach a quiescent termination after the lapse of weeks or months. Dangers of extirpation none worth mentioning. I have never seen anything more serious than simple conjunctivitis ensue, and the healing of the wound is attained within a fortnight, and sometimes within a week.

Advantage claimed for abscission is, that a better stump is furnished for the lodgment of the artificial eye; the superiority consisting in the greater prominence of the eye, and consequently the more perfect raising of the upper lid. No especial advantage can be claimed of greater mobility of the artificial eye, for there is no perceptible difference

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whether a portion of the globe remains or not. When none remains, the ends of the muscles adhere to each other by a mass of granulations which acts as a button for common attachment, and sufficient point d'appui of movement.

The objection of sinking of the artificial eye after extirpation does obtain in certain cases. These are in such persons as have prominent eyeballs, and in young subjects, especially girls with well rounded forms. On the other hand, in those adult subjects where the upper lids are freely wrinkled and loose, and where the supra-orbital ridge and eyebrows are prominent, there is absolutely no preference to be given to abscission on the score of its leaving a better stump and giving greater prominence to the artificial eye. Another consideration bearing strongly in favor of extirpation is, that the remaining stump of the globe is often intolerant of the pressure of the glass capsule, and becomes inflamed. This stump is also not incapable by continued chronic inflammation of giving rise to sympathetic iridochoroiditis of the opposite eye. I have been called upon to remove such a stump, which by bearing an artificial eye became inflamed, and demanded extirpation.

The conclusion is, that in cases of progressing, of recent, and of partial staphyloma corneæ, Iridectomy is to be chosen; and that enucleation of the globe is, in the great majority of cases where an artificial eye is desired, to be preferred to ablation of the staphyloma.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, March 26, 1883.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

BRIGHT'S DISEASE WITHOUT ALBUMINURIA.

DR. AUSTIN FLINT, in relation to the subject of contracted kidney, under discussion at the last meeting, stated that during the present and last winter he had met with five cases of this particular variety of Bright's disease, in all of which, with one exception, albumen existed in the urine.

HYDRO-PNEUMO-THORAX WITHOUT SYMPTOMS; PNEUMONIA; DEATH.

DR. FLINT next presented a portion of lung, for which he was indebted to Dr. Burge, of Brooklyn. It was taken from a patient who was seized with an acute affection of the chest four days previous to death. Dr. Burge saw the case in consultation. When seen by him the symptoms had reference to the right side of the chest, where pneumonia of the lower lobe existed. Extending, however, the physical examination to the left chest hydro-pneumo-thorax existed, as was evinced by tympanitic resonance at summit, and flatness at base, and the existence of amphoric voice, amphoric respiration, and metallic tinkling. On finding the existence of hydro-pneumo-thorax, and there having been no rational symptoms pointing to that disease, every inquiry was made with reference to the previous history of the case. The patient at first stated that he was well up to the attack of pneumonia, but on close questioning it was ascertained that he had had a slight cough, with expectoration for a year or more. He never, however, had occasion to complain of want of breath on exercise, and attended to his business, that of an accountant, without being aware of the existence of any disease whatever.

Autopsy.—On examination after death the right lung was found the seat of pneumonia in its lower lobe. On opening the left side of the chest there escaped a considerable quantity of inodorous gas, and the rest of the cavity contained about a quart of turbid liquid. The lung was compressed into a hard solid mass. About the middle of the upper lobe there was apparent an aperture about the size of a crowquill, which was gaping, and appeared to be surrounded by a rim of cartilaginous substance. On in-

flating the organ through its bronchus air escaped readily through this opening. The pleural surface of this organ was also covered with patches of lymph, some of which were of considerable thickness and firmness. The aperture was found to communicate with a cavity, irregular in shape, about the size of a hickory nut, and lined with a pyogenic membrane. In the right lung were found several deposits of tubercle, and also several cavities of considerable size.

The interest of the case consisted in the presence of hydro-pneumo-thorax for an indefinite period without giving rise to any inconvenience. In this respect a case of hydro-pneumo-thorax reported at a previous meeting bore some similarity; the patient being most of the time, while suffering from the disease, able to get about the ward without much inconvenience.

DR. POST asked how many such cases Dr. Flint had seen recover.

DR. FLINT had not met with a single instance in which the disease had been borne more than several months.

DR. POST had seen one case where the patient survived several years.

RUPTURE OF GLOBE, SECONDARY INFLAMMATION, EXTIRPATION, ETC.

DR. NOYES presented two eyes, which he had removed during the last week. The first belonged to a patient who in January last received an injury of one eye by a stroke from a piece of wood which he was splitting. Rupture of the globe was thus produced, causing immediate loss of sight, and subsequent severe acute inflammation. He came under observation shortly after the reception of the injury, but, living in the country, he soon returned home. Having been warned that in case any difficulty with the other eye should show itself he should at once present himself for treatment, he again showed himself at the end of two months and a half. It was then found that the injured eye had shrunken, was tender on pressure, and that there was also supra-orbital pain. The left eye presented the symptoms of acute iritis, which had existed for a week, but was not attended with any considerable effusion of lymph, but mainly turbid serum. He was advised to have the injured eye removed, which advice he abided by. It was then found that besides the marks of external injury there was a considerable clot of blood which had penetrated into the vitreous humor.

The day succeeding the operation he found that he could see better with the remaining eye, and within three days the evidences of iritis all disappeared.

WOUND OF EYEBALL, EXTIRPATION, ETC.

The second eye was removed from a young blacksmith aged 19. While at work, and holding a chisel, which was being struck by another, a small splinter of iron penetrated his left eye. He presented himself for treatment the following day (Saturday). The eye was then in a state of incipient inflammation, and a wound appeared about three-eighths of an inch in length, beginning at the middle of the cornea, passing downwards and inwards, encroaching somewhat upon the sclerotic. The iris was slightly prolapsed; the pupil was unchanged in form, but the crystalline lens was drawn forwards towards the lower portion of the eye. There was only visible a little laceration of the fibres at the upper portion of the iris. It was difficult to tell whether or not the foreign body had lodged in the substance of the organ. The direction of the missile could not be made out. The patient was advised to be quiet and return again on Monday. At the second presentation he was suffering from abundant inflammation of the deep structures of the eye; chemosis was very abundant, pain very intense, and injection of the eye very marked. Dr. Noyes then determined to put the patient under chloroform, and if possible extract the foreign body. In the event, however, of not being able to do so, it was understood by the sufferer that the whole globe should be extir-

pated. The body was so deeply situated that extraction was impossible, and accordingly extirpation was proceeded with. A chip of iron one-quarter of an inch in length, three-eighths of an inch in width and thickness, was found to have passed through the cornea, iris, and lower margin of the lens, burying itself in the vitreous humor.

MELANOSIS OF ORBIT.

Dr. Post presented a mass of melanotic cancer which he had removed from the orbit of a woman, æt. 30, whose eye he had extirpated some few months since, affected with the same disease. That specimen was at the time also exhibited to the society, the growth being both within the eyeball and behind it, with no communication between the two portions, except by the optic nerve. The patient remained well for three months, when a second growth made its appearance, and increasing very rapidly in size was also removed.

NEUROMA.

Dr. Post also presented a neuroma removed from the ulnar nerve of a man aged 40 years. The tumor first made its appearance when the patient was twelve years of age, since which time he had been subject to constant paroxysms of pain, whenever the swelling was touched, it being quite tender. There was also numbness of all those parts supplied by the nerve. By the removal of the tumor the patient was entirely relieved of the paroxysms of pain, though at the end of a fortnight the numbness referred to still existed.

CHRONIC MAMMITS SUCCEEDED BY CANCEROUS DISEASE.

Dr. Sands presented a cancerous tumor with the following history:—A lady, 40 years of age, the mother of six children, with no hereditary predisposition, considered herself in the enjoyment of perfect health up to last May, when she weaned her young child. Shortly after she noticed a small swelling in the right breast, which, however, being painless, did not attract her serious attention until it began to increase in size, when Dr. Parker was consulted about it. This was last October, and he advised its removal. The operation was performed on the 11th of October last. The tumor occupied the substance of the right half of the gland, towards the pectoral muscle. The nipple was not retracted, neither were there any enlarged lymphatic glands in the axilla. The wound made by the operation was healed by the 11th day.

A very careful microscopical examination of the tumor was made immediately after its removal. Although presenting many of the gross appearances of scirrhous of the breast, Dr. Sands was surprised to find no microscopical evidences of that disease. The normal structure of the breast existed, with the addition of a large quantity of plastic material, which gave rise to the supposition that the disease was the result of simple chronic inflammation of the breast. The husband was accordingly assured that there would be no liability to the return of the disease. On the 24th instant, however, a second operation was performed, which consisted in the removal of the tumor presented. Two months previous to the operation this lady noticed a swelling in the axilla, and she was advised not to have it removed until it began to grow quite rapidly. A few days before the operation she noticed a small tumor on the inner side of the cicatrix of the former operation. Both these masses were removed, and were found on microscopical examination to be unquestionably cancerous in character. Dr. Sands had met with but few instances of this kind; viz. cancerous disease of breast following upon simple chronic inflammation of that organ. He alluded, in conclusion, to the fact that inflammatory tumors of the breast were identical in microscopical composition with many of those of a malignant character in the interior of the body.

(To Be Continued.)

SURGICAL SECTION.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, March 23, 1892.

DR. JAMES R. WOOD, CHAIRMAN.

(Reported by J. P. GARRISH, M.D., Secretary.)

TRACHEOTOMY IN CROUP.

(Continued from page 265.)

Of very great influence on the success of the operation, is the bearing which the medical treatment, before the case presents itself for tracheotomy, has had on the vital forces of the child: if it is weakened by bloodletting, calomel, blisters, emetics (principally antimonial, a method of treatment by the best authors now generally condemned), the operation is less promising.

The complication of croup with general diphtheritic intoxication is, by most authors, considered as excluding the final success of the case; but Dr. Barthez refusing on this principle an operation, and finally against his own conviction, operating at the instance of two of his colleagues at the Hospital St. Eugénie, saved the child.

The cases of secondary croup occurring during or immediately after scarlatina or measles, were considered by Trousseau as absolutely contra-indicating the operation. I have not found in literature a case of croup after scarlatina operated on with success. But my fifth case was a boy attacked with croup subsequent to scarlet fever. I operated; the wound became very soon diphtheritic; but the boy was relieved, and exhibited every prospect of final recovery. The wound was nearly closed, his appetite was good, he walked round and played even out of doors, but he died thirty-one days after the operation from anæmia; the post-mortem examination having been very carefully made, and disclosing no lesion of any kind. I would not hesitate to consider myself justified in repeating the operation in a similar case. Of croup after measles, successfully operated on, Millard, in his "Thèse" on tracheotomy in croup, cites three cases. According to this same author, the complication of whooping-cough or chronic bronchitis with croup would be rather encouraging to than forbidding the operation. Of more frequent occurrence and, therefore, of more importance, are the complications of laryngeal croup with pneumonia, acute bronchitis, and bronchial croup. All such cases were considered formerly by Guersant as absolutely unfit for operation. But now the record of several successfully operated cases, refuting the generality of his opinions, at least in regard to bronchial croup and pneumonia on one side, are not very scarce, so that now only *bilateral* pneumonia would give no prospect of a successful operation. Another circumstance still enhancing the importance of these complications of croup with affections of the lungs, is their difficult diagnosis during the complications with croup. Auscultation, in a case of confirmed croup, is utterly useless, and percussion, as experience has shown, treacherous. The respiratory motion of the thorax and abdomen, and the celerity of the respiration, are the only signs of value in the appreciation of these complications. As to the action of the respiratory muscles I was of opinion that the very marked reaction of the lower end of the sternum and inferior ribs, and the jugular fossa accompanying each inspiration, indicated the lungs free from pneumonia and bronchitis; now I know that bronchitis is not excluded by the above-named symptoms. In regard to the number of respirations, I am led from my own observations to state, that the more frequent and short the respiration is the less chance is there for a favorable result of the operation. The quality and frequency of the pulse I must consider as worthless in relation to the prognosis of the operation.

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As children tracheotomized for croup require a very careful and unusually frequent and assiduous attendance, the possibility of such care should not be overlooked in calculating the chances before the operation. Operations in hospitals, therefore, promise better results than those in general practice or in villages. Prof. Roser, in Marburg, transports, therefore, croupy children from the country villages to his hospital in the city—and, as his statistics show, with the most satisfactory results.

In regard to the time when the operation should be performed "doctors differ." Some postpone the operation as much as possible and undertake it only "in extremis," and in consequence have less favorable results than those operating earlier. Trousseau himself operated in the beginning "as early as possible;" at a later period he left the early-as-possible doctrine, without however defining clearly the period when he operated; and still later, quite recently he prefers again early operations. The impossibility of defining clearly the time when to operate, is obvious. Beginning asphyxia seems to me the proper moment; the younger the child the less likely will it bear dyspnoea, or recover from it, after having been for a certain time subject to it. The moment when the children present a livid-red face, hot skin, and extreme restlessness, is the best time; later they being pale, their skin cooler, in a word more soporose, the prospect of a good result after the operation diminishes in exact proportion to the length of time the child is so affected. But very often, only too often, the surgeon has no choice of the time for the operation; from whatever cause the performance of the operation may have been delayed till the patient is actually in extremis, under otherwise favorable circumstances, especially if the case is one of pure laryngeal croup, uncomplicated, a favorable issue can be hoped for, and the operation ought to be performed.

The anæsthesia of the skin, partial or general, as a consequence of oval cyanosis, by Bouchut considered as an indication to hasten the operation, is by no means constant. I am inclined to consider it rather an exceptional symptom, and therefore worthless in regard to the question of the time of the operation. Never did a case occur to me, where having proposed to operate and being refused, the child nevertheless recovered.

The operation being resolved upon, the question arises—Can we use chloroform, and is there any benefit, without danger, in its use? Considering the operation a short one and not very painful, the respiration already impaired to such a degree that the inhalation of anæsthetics seemed dangerous, I have not used chloroform in my first operations; but encouraged by the record of cases in which it was used with benefit by others, I have used it in my later cases, and intend to continue its use, having seen no ill results whatever from its use, and the operation being very much facilitated by it. The recovery from the influence of the anæsthesia in these cases, seemed to me more than commonly protracted, but in no manner alarming. I regret not being able to state the name of the surgeon who first used chloroform in these cases. Dr. Voss then gave a short description of the anatomical features of the operation, which, however, differed in no essential particular from his published views in the journal referred to.

The section then, on motion, adjourned.

DR. WILLIAM SLOAN, U.S.A., late Post Surgeon on Governor's Island, has been appointed chief medical officer of all the general hospitals for sick and wounded soldiers in and around New York. Among other duties which devolve upon the chief medical officer is that of giving certificates of disability to such soldiers as, in his judgment, should be discharged. DR. JOSEPH P. WRIGHT, Assistant-Surgeon U.S.A., succeeds DR. SLOAN as Post Surgeon at Fort Columbus.

BRIGADE-SURGEON.—Dr. John W. Hunt, of N. Y., has been appointed Brigade-Surgeon.

Progress of Medical Science.

PREPARED BY E. H. JAMES, M.D.

ON THE EXTERNAL USE OF THE SOLUTION OF THE PERNITRATE OF MERCURY.

DR. JOHN GAY, Surgeon to the Great Northern Hospital, reports in the *British Medical Journal* a number of cases of epithelial cancer, lupus exedens, and indurated chancre, which he has successfully treated by the external application of the solution of the pernitrate of mercury. The first case reported was epithelial cancerous growth on the lower lip, occupying the whole of the edge, but had not extended to the junction of its mucous membrane with that of the jaw. Towards the left corner it had grown to the size of a large walnut, and the surface had ulcerated, exuding a thin and slightly offensive discharge. It had been in existence about a year and a half, and was growing steadily. The solution of the pernitrate was applied abundantly over the whole ulcerated surface, causing great pain for an hour or two, but having the effect of destroying a layer of the diseased growth, which came away as a slough on the third day. The surface was soaked with the solution twice a week for a period of six weeks, with the same result after each application. "As it destroyed layer after layer of the cancer, so the wound deepened; but at the same time the adjoining tissues closed in by granulation from every point of healthy tissue, as this was stealthily reclaimed from the invasion of cancerous growth, until at length, even under the continual application of the agent, the whole surface threw out healthy granulations, and the wound healed with scarcely a mark, and without loss of healthy structure." Another case is reported in which excision was followed by a fungoid excrescence, which discharged blood and thin pus, and grew rapidly. The solution was applied in the same manner, and with the same result as in the previous case—the healing edge keeping close up to the limits of the diseased growth, and following it as this gave way to the action of the caustic, until cicatrization became complete, and the patient was discharged well. The value of this agent is, that it destroys the disease, while it not only spares, but appears to quicken the healing energies of the healthy tissues; so that no sooner is the disease gone, but the wound is almost cicatrized, and that without the loss of tissues sustained by excision. The same success attended its employment in treatment of lupus exedens, though it did not seem to destroy the tissues with which it came in contact as in epithelial cancer, owing perhaps to its not being applied so vigorously, or to the greater resistance shown by the lupous tissue, which differs from cancer in consisting principally of newly formed connective tissue, with nucleated cells. In removing the induration of chancre, he has derived benefit from combining the internal use of mercury with the topical application of the pernitrate; but care should be taken to continue it only until the wound shows unmistakable evidence of healing, for the cicatrix has a peculiar induration resembling that of the diseased tissue, and cannot be got rid of.

ON THE TREATMENT OF VARICOSE ULCERS OF THE LEG WITHOUT REST.

In a paper read before the Midland Medical Society, by J. H. Houghton, Esq., Surgeon to the Dudley Dispensary, the writer advocates the use of the flannel bandage suggested by Mr. Hunt in 1857. Since adopting this treatment he has been able to manage without difficulty, cases which he had before looked upon as next to incurable; and to effect a speedy cure without confinement, or the patient's relinquishing his usual occupation. His general course is to strap the wound with a few strips of soap-plaster; or dress it with some simple dressing, or water dressing, and apply the bandage by first making "one turn round the bottom of the leg, then one under the sole of the foot, over

the instep, and round the back of the foot (keeping the edges of the roller as low as possible), and then again over the instep, till the lower edge of the bandage passes round the foot at the root of the toes, about two turns round the foot, and then spirally up the leg to the knee." He says the roller naturally follows this course, and will not require a turn till it reaches the calf; and moreover, if properly applied, it will lie quite even and remain immovable for an indefinite period. He reports four of the most aggravated cases treated in the Dispensary during the past four years, all of which were cured *without rest*. In one case the patient walked nine miles every time she had her leg dressed (twice a week), and during the whole time stood at her work many hours a day. She was anæmic, and took quinine and iron during the treatment, which occupied just over a month. In the second case six angry ulcers, varying from the size of a shilling to that of the palm of the hand, were cured in eighteen days, the patient following her usual occupation the whole time. In the third case, an angry granular ulcer, larger than the palm of the hand, with indurated raised edges, and of five years' duration, yielded to treatment in five weeks. The fourth case was a large varicose ulcer, four inches by three, deep, covered with an ash-colored secretion, surrounded by elevated granular edges, very painful, throwing off an ichorous discharge, and which had existed thirty years. The leg was strapped with soap-plaster, and rolled. He took sarsaparilla and iodide of potassium three times a day, and opium night and morning. The patient walked twelve miles every time his leg was dressed, followed his occupation as gardener throughout the treatment, and was perfectly cured in eleven weeks. The advantages of flannel over calico for the bandage are, that it is sufficiently elastic to give uniform support, and sufficiently rough to prevent it from slipping and getting displaced. It is advisable for the patient to sleep with a thin stocking over the roller to prevent its being kicked off in bed. He mentions having used a material called "domette" during the past year, which he thinks preferable to flannel, in being much lighter, sufficiently strong and elastic for the purpose, and about quarter the price. The roller must be accurately made, and in one piece. He gets eight yards of domette, has it washed, and cuts the rollers, measuring the width of each (two and a half inches) accurately with a rule. In this paper Mr. H. does not pretend to offer any new principle, but to show the results of a mode of applying an old principle not generally practised. The views contained in this paper are corroborated by J. K. Spender, Esq., and J. H. Crisp, Esq., in the *British Medical Journal* of Feb. 1. The former gentleman says the ulcers will yield still more quickly by using a more soothing application than soap plaster. He recommends an ointment containing a large quantity of an alkaline earth (as chalk); spread thickly on lint it forms a protection to the sore, and neutralizes the foul secretion which often flows from it. He also recommends the compound lead plaster of the Pharmacopœia. Mr. Mitchell, of the Lancaster Infirmary, gives to the readers of the *Lancet* the following directions for treating old indolent ulcers:—First wash the leg well, after which fill the excavated ulcer with finely powdered carbonate of iron, and apply a large linen pad, without allowing any moisture to come near; then envelop the whole limb in a starched bandage, allowing it to remain three weeks or so, according to the extent of the ulcerated surface. The patient need not be confined to bed, but may walk a little every day.

VOLUNTEER SURGICAL CORPS FROM CONNECTICUT.—The following medical gentlemen of Connecticut have volunteered their services to the Government:—New Haven, Drs. P. A. Jewett, S. G. Hubbard, J. B. Townsend, C. A. Lindsley, L. J. Lanford; Waterbury, P. G. Rockwell; Bridgeport, Robt. Hubbard; Westport, D. S. Burr; Stratford, R. C. McEwen; New-London, R. McLord; Norwich, C. M. Carleton, A. B. Haile; Franklin, A. Woodward; Hartford, E. Brimley, P. W. Ellsworth.

American Medical Times.

SATURDAY, MAY 17, 1862.

FINALE OF SWILL MILK.

IN a recent number, we had to condole with our readers upon the failure of the passage of the Metropolitan Health Bill; let us at present rejoice in the passage of a law "*to prevent the adulteration of Milk, and prevent the traffic in impure and unwholesome milk*," which passed April 23d, and has since received the signature of Governor Morgan.

It will not be forgotten by our medical readers that the New York Academy of Medicine has for several years shown an earnest and active interest in this matter, and it is undoubtedly by their exertions, and the facts that they have so forcibly and prominently brought forward, that the present Legislature have seen things in such a light as to frame and pass the present stringent law. We have further to rejoice at the passage of this law, because it gives us great hope for the future in the passage of other necessary sanitary legislation. The most ardent enemy of Swill Milk, not even DR. PERCY, could have asked for no more stringent law to suppress this unwholesome traffic; and yet, last year, a bill introduced by Senator Rotch, that was mild in all its features in comparison to this, was rejected by the Legislature. Let those who are friends of Sanitary Reform take courage from this fact, and rest assured that so soon as they can educate the public mind to the proper point, they will not be baffled in their endeavor to secure life and improve health, even by all the money and political influence of the City Inspector's Department.

The history of the agitation of the Swill Milk question will interest our readers. As early as 1841, MR. R. HARTLEY published a very excellent little volume of some 200 pages, entitled "*An Essay on Milk*;" but as the work was the first step in Reformation the author could hardly hope that his zeal and labors, meritorious and philanthropic as they were, could produce the results that he desired. In 1847, the New York Academy of Medicine appointed a committee to examine into and report the effects of this swill milk upon the public health. This committee made a short report, which was published in the Transactions of the Academy. Several minor articles from time to time appeared in the public newspapers, pointing out to the community the enormous quantity of this swill milk that was sold, and its injurious effects upon the health of children using it. In 1858, MR. FRANK LESLIE exposed this most nefarious traffic to the ocular inspection of the community by means of his admirably illustrated newspaper. Here the public saw for themselves accurate drawings of the stables and of the poor stump-tail brutes confined within them, with all their unhealthy sores, filthy condition, and crowded state. These investigations and exposures by MR. LESLIE created such excitement that the Board of Health convened to investigate the matter; and although they made it a political question and refused to interfere to suppress the traffic, they, on the 7th of June, 1858, "Resolved, That the Academy of Medicine be requested to lay before the Board such facts and evidence

as they may have in relation to the milk furnished to our citizens." At this request, the Academy of Medicine appointed a committee, the various members of which visited the different stables in and around the City where swill was fed to cows. They were accompanied in their visits by Mr. Solon Robinson as judge of the quality of the cattle kept and by Mr. P. F. Devoe as butcher. After some months of labor this committee presented a Report to the Academy confirming in the most positive manner the unhealthiness of the animals and of the milk. This main report is short, but filled with facts, and refers the Academy to a separate report made to the committee by Dr. S. Percy. This report of Dr. PERCY's is more than could be expected of one individual, and shows untiring energy, perseverance, and industry; taking up the matter as though no previous investigations had been made, he commences *ab initio*, and goes through every branch of the subject in regular order. From the stables he goes to the influence of the atmosphere within them upon the respiration and health of the cows; he makes experiments upon the temperature, the dew point, and the chemical composition of the atmosphere of the stables, and proves that no animal in such confinement could be healthy. He next takes the temperature and analysis of the swill upon which the cows are fed, and shows its composition, and how utterly unsuitable it is for the support of animal life; that the process of distillation has rendered it deficient in the elements that are essentially requisite, and that in addition acetous fermentation and putrefactive decompositions have formed vinegar and other substances that are slowly poisonous. Many minute chemical analyses are then made, pointing out distinctive differences between it and country milk. A lengthened table of these analyses is given which alone would have occupied many investigators more than the time expended upon the whole report; and in addition to these there are analyses of milk from drunken women and from those living in damp and dark basements. An analysis of the butter is also given, which proves it deficient in some of the most essential components. From these facts Dr. PERCY then proceeds to trace the effects of this swill milk upon the health of many children using it, and he proves from numerous cases that a frightful mortality results from the use of such milk, and shows that death frequently takes place from its use, and points out some of the post-mortem appearances. Before the publication of this Report of Dr. Percy's, we had but little that could be called facts to guide us; assertions were made as to the unhealthiness of the milk, which were stoutly denied by the producers of the article. Now, we have exact and scientific data, which are conclusive, and upon which further investigations can be made.

The observations and deductions made by those who preceded Dr. Percy were, in the main, correct; and the delineations of Mr. Leslie, horrible as they were, fell very short of the truth; but all failed to *prove* that sickness and mortality were caused by the use of this "swill milk." In Dr. Percy's Report the existence between cause and effect was most plainly and incontestably demonstrated, and disease and death were proved to have been caused by the use of this article, and health was restored by mere abstinence from it. We have dwelt, therefore, upon this report, because it furnished the facts that were needed to enable our Legislators to frame the present law; and because it contains nearly all that we require to successfully carry the law into operation.

We have dwelt some little time upon this subject, feeling that it is an important one in a sanitary view, and knowing that with the passage of the present law it must be again brought before the attention of the profession. At the last meeting of the Academy of Medicine the law, which we have given in a previous number, and which we will again give below, was read, and a committee of three was appointed to consider what action was necessary to be taken by the Academy on the subject. This committee consists of Drs. S. R. PERCY, W. PARKER, and I. E. TAYLOR.

It is already understood that opposition is to be made to this Bill, and it behoves every member of the Academy to use all his influence to cause it to be promptly obeyed, and to sustain their committee should they bring forward some feasible plan to abate the nuisance. The last report made by the Academy at the request of the Board of Health, has never yet reached that body, and still quietly rests in the hands of ex-Mayor Tiemann, who, as President of the Board of Health, received the report, but never called the Board together: it will be well to recollect this fact, that when the Board again meets it may be presented to them. The whole report is printed in the 2nd Vol. of the Transactions of the Academy of Medicine, Part 4.

We have no doubt that we shall have occasion again to call the attention of the Profession to this subject, and we wish that each member would study the matter so that he may present further facts and evidence, when they are needed. What we now principally need, are philanthropic and influential individuals who will lend every assistance in their power to enforce the law, for we cannot expect the law to be generally observed unless some persons will give it their personal attention.

We would remind our readers that the public are indebted for this bill to Mr. E. CORNWELL, who reported it from the Committee on Agriculture.

An Act to Prevent the Adulteration of Milk, and prevent the traffic in impure and unwholesome Milk. Passed April 23d, 1862.

THE PEOPLE of the State of New York, represented in Senate and Assembly, do enact as follows:

SEC. 1. Any person or persons who shall sell or exchange, or expose for sale or exchange, any impure, adulterated, or unwholesome milk, shall be deemed guilty of a misdemeanor, and on conviction shall be punished by a fine of not less than fifty dollars, and if the fine is not paid, shall be imprisoned for not less than thirty days in the penitentiary or county jail, or until said fine and costs of suit shall be paid.

SEC. 2. Any person who shall adulterate milk with the view of offering the same for sale or exchange, or shall keep cows for the production of milk for market, or for sale or exchange, in a crowded or unhealthy condition, or feed the same on food that produces diseased or unwholesome milk, shall be deemed guilty of a misdemeanor, and on conviction shall be punished by a fine not less than fifty dollars, and if the fine is not paid, shall be imprisoned for not less than thirty days in the penitentiary or county jail, or until said fine and costs of suit shall be paid.

SEC. 3. Any person or persons who shall engage in or carry on the sale, exchange, or any traffic in milk, shall have the cans in which the milk is exposed for sale or exchange, and the carriage or vehicle from which the same is vended, conspicuously marked with his, her, or their names, also indicating by said mark the locality from whence said milk is obtained or produced, and for every neglect of such marking, the person or persons so neglecting shall be subject to the penalties of the foregoing section of this Act. But for every violation of this Act, by so marking said cans, carriage, or vehicle, as to convey the idea that said milk is pro-

cured from a different locality than it really is, the person or persons so offending shall be subject to a fine of one hundred dollars or imprisonment in the penitentiary or county jail, or both, at the discretion of the Court.

SEC. 4. This Act shall take effect immediately.

THE WEEK.

THE Lancet, in speaking of the prevalence of fever in the houses of the rich, refers to the views of Mr. Rigby, a practical builder, upon the subject.

"In the first place, we arrange our water-closets in such a way with each other, that any evil in the one soon puts its neighbor out of order also. Where two closets exist—an upper one for the females, and a lower closet for the servants—they are generally made to communicate with each other by the soil-pipe (being placed one under the other); and by the same means the upper cistern is connected with the lower cistern, the overflow of water being brought into the lead-trap and into the soil-pipe by a waste-pipe. In the second place, we misuse our water-closets. Instead of keeping them for the one purpose for which they are intended, they are used by servants as a common receptacle for all sorts of refuse and slops from the nursery and bed-rooms. Thus arise defects in the uniform working of the traps and pipes of the upper closet. In the third place, the lower closet is generally supplied with water from a cistern in the kitchen or scullery, furnished with waste-pipes, sinks, etc., all communicating with drains attached to upper closets. This cistern is used for domestic purposes, and supplies the water for the breakfast and tea-table, and for culinary operations generally. In some cases its water is even drunk without being submitted to the process of boiling. If all this be true—and personal knowledge warrants us in affirming it to be so—it is at once apparent how severe may be the effects produced upon the health of a whole household simply from an imperfectly acting valve in an upper water-closet. However, from this constantly occurring combination of evils, we have, upon the one hand, foul soil-pipe and sewer-air escaping through the sink and water-pipes into the nursery and bed-room floors, and into the cistern from the air-pipe at the back of the closet-basin. Upon the other hand, the water of the cistern, poisoned by the confined air, descends below, and acts with double force, rendering impure not only the air, but the water also, in all parts of the house. In a very great majority of houses we believe it to be the case that the water-closet pipes communicate with cisterns used for domestic purposes. Further, in many dwellings the presence of a wash-hand basin and plug in the bed-room, with a pipe beneath introduced into the soil-pipe to carry off the waste water, adds to the evil by permitting of the escape of foul sewer air into the sleeping room."

THE New York Ophthalmic Hospital was removed on the 1st inst. from 63 3d Avenue, to the corner of 4th Avenue and 28th Street. The building has been fitted up specially for the purpose, and is now ready for the reception of patients. The location, being in the immediate vicinity of the Medical Colleges, is such as to offer increased facilities to medical students who desire to study diseases of the eye. The hospital is open every Monday, Thursday, and Saturday, from 1 to 3 P.M. To patients, the charge of board is \$3 50 per week. The attending surgeons are Drs. Mark Stevenson, Marcus P. Stevenson, and J. P. Garrish.

FIFTEEN hundred patients from the Military Hospitals at Yorktown and Newbern have arrived in this city during the past six days. Upwards of twelve hundred of these came on board the Hospital Transports of the Sanitary Commission. The plan of removing diseased and feeble

men from the military hospitals in malarious and insalubrious districts like that of the Virginia Peninsula, to the healthy regions of the North, was early and urgently suggested by the Sanitary Commission. Twenty-five hundred patients, it is reported, were made over to the Commission by the Military authorities in a single day, and we are informed that in the brief period of about ten days nearly four thousand patients have actually been removed by their steamers. Are the constituted authorities prepared for the reception and care of these patients? Observations during the past week have shown that there is urgent need of greater energy in pressing forward the preparation of proper Hospitals, as well as better arrangements for the disembarkation and distribution of the patients upon arrival. We hope SURGEON-GENERAL HAMMOND will issue a General Order or recommendation upon this subject.

WE would call the attention of those of our readers interested in surgery, to the ingenious tourniquet, a description of which appears below. It is an instrument which possesses decided advantage over any other of the sort, and deserves at the hands of every one an impartial trial. It is peculiarly adapted to the wants of soldiers, and we are glad to hear that a large number have been ordered for the army.

DRS. WILLARD PARKER, STEPHEN SMITH, and KISSAM, of Brooklyn, having been ordered to report themselves at Fortress Monroe, left for that place during the past week, accompanied by Dr. N. C. Husted and Robert Watts Jr., as Assistants.

Recent Inventions.

NEW AND IMPROVED TOURNIQUET.

AN ingenious tourniquet has recently been devised by Drs. LEE and LAMBERT of Peekskill, which has been approved by the leading surgeons of the country, to whom it has been submitted. The following description will convey a general idea of its peculiarities:—

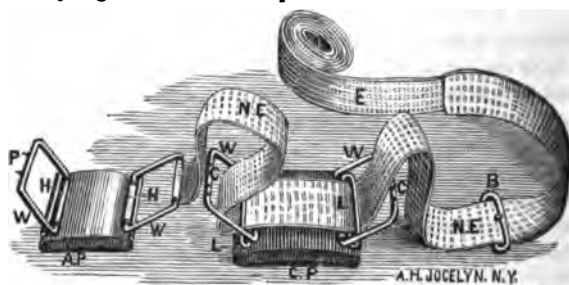


Fig. 1.

The small or arterial pad, A P, is to be applied so that the artery of the arm or leg may be between it and the bone; the points for effecting this are indicated by figs. 2 and 3. (In fig. 2, in order to show the smaller pad clearly, it has been represented rather too near the front of the arm, to compress the artery most readily.) The pads, A P, C P, are furnished with wings, W, to prevent the bands holding them upon the limb from tightly pressing it before and behind. Thus the blood is allowed to pass down in small quantities through the small branches of the arteries, and to pass up through the small not only, but some of the large branches of the veins. The wings are attached by hinges, H, to favor compact packing. N E represents an inelastic band, which by one end is attached to the narrower wing of the smaller pad, while the other end, passing over the wings of the other pad, and under its loops, L, and then through a buckle, is attached to the elastic

band, E. The counteracting pad, C P, should be opposite to the arterial pad, A P; hence, C P is movable on the inelastic band, N E.

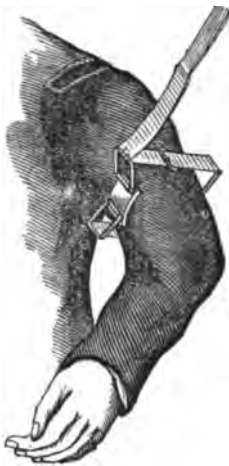


Fig. 2.



Fig. 3.

To apply the Tourniquet, let the small pad be placed with the pointed wing up, and so that the artery will be between the pad and the bone of the limb; slip the large pad on the band, so that its wing nearly touches the wing of the small pad; then bring it up on the limb till opposite to the small pad; then pass the band through the free or pointed wing, P, of the small pad, and draw up the band till snug, where it may be held by the points, or it can be passed through the buckle, and thus fastened. It can be drawn tight enough to arrest the blood by these means alone; but the better way is, to merely draw the inelastic snug, and let the points hold it; then pass the elastic band around in the direction shown in Figs. 2 and 3, and fasten the end by tucking it under one of the turns. The power with which the elastic will act, will depend upon its tension. If great power is required, it should be put around, stretched to its utmost; but usually two or three turns, moderately stretched, will be sufficient for the desired object.

If the rapid flow of blood will not permit the application of the pads, the elastic alone, wound around, well extended, will always stop all flow, and can be applied in an instant, after which the pads of the same or another tourniquet can be properly applied. In some instances, compressed sponge or a compress may be applied directly to the wound, and confined there with the smaller pad with benefit.

If it is desirable that the surface of the smaller pad should be convex, a common bandage roll can be easily applied and fastened, either across or in the direction of the artery, and by a few turns of the roll each way, an excellent "thumb point" can be formed. But, under ordinary circumstances, the concave surface will be found the best, as it covers more surface, is more sure to include the artery, and to retain the artery compressed. A little practice will enable any person to apply this instrument with entire success and the most perfect satisfaction, as it is readily adjustable to every requirement.

POISONING FROM ARSENICAL PAPER—Four children of a laborer, residing at Limehouse (Eng.), were poisoned recently by playing with paper hangings colored with a preparation of arsenic. They tore off pieces from the wall and sucked the green color off.

THE CONSERVATIVE TREATMENT OF FRACTURES.

By ISIDOR GLÜCK, M.D.

CHIEF SURGEON TO THE HUNGARIAN HUSSARS.

(From the *American Medical Monthly*.)

(Continued from page 200.)

FRACTURE OF THE FOREARM.

THE carpal bones, the radial margin, and that of the ulna are like the palmar surface of the hand, covered, as you see, with wadding. The whole forearm I now cover with a shirt sleeve cut open, and make some incisions in it, in order to be able to apply the sleeve smoother. The forearm must be bent in the cubitus. The extension must thus be made on the hand, and the counter extension on the under end of the shoulder. The radial margin must look upwards, the ulnar one downwards. The hand must, according to the direction of the broken ends, be adducted inwards or outwards. The palmar and dorsal side of the forearm must be covered with graduated compresses. On these the gypsum splints are applied, and with two layers of transverse strips about six inches wide fastened and extending from the condyles of the upper arm, as you see here, to the fingers. Sometimes the hand must be fixed at an obtuse angle with the forearm, in order to facilitate the adaptation and union in oblique fractures.

FRACTURE OF THE OLECRANON.

The forearm must be completely extended, if the fractured upper end is drawn high upwards, or else the forearm must be a little bent. The upper fragment must be pushed down by means of the fingers, and approximated to the lower end. Wadding should be placed around the upper fragment and the elbow. The whole arm is then placed in a cut sleeve of a shirt. A circular compress must be applied above the upper broken end, which thus will be pushed downwards. A gypsum splint is placed on the back part of the upper arm. It must be a hand wide, and long enough to reach from the shoulder joint to the upper broken end. Another gypsum splint, of the length of the whole arm, is applied to the inner side. Five or six transverse strips, five or six inches wide, fix the splints to the upper arm, elbow joint, and the forearm. As you see the application of the bandage takes but little time.

FRACTURE OF THE CONDYLES OF THE LOWER END OF THE HUMERUS.

The arm must be bent at the elbow, the fractured ends approached to each other by pressure on the olecranon, exerted from behind and sideways (internally and externally), on the condyles. The extension should be made on the upper part of the forearm, while bent. The whole upper extremity is placed in a sleeve; its condyles, olecranon, and elbow, are surrounded with wadding. A circular longuette is applied around the elbow joint. One gypsum splint is applied to the back of the limb, as wide as the hand is long; another similar splint on its inner side. Transverse incisions must be made on both sides of the splints, in the region of the elbow joint, in order to fix them easier and smoother. Five transverse strips, in double layers, of the same width and length as in fracture of the olecranon are then applied.

FRACTURE IN THE MIDDLE OF THE HUMERUS.

The arm must be bent in the elbow, and extension made in the upper third of the forearm. The same bandage applied as in fractures of the lower third. If the fractured ends are much dislocated, the extremity must be fastened to the trunk as in fractures of the neck of the upper arm.

FRACTURE OF THE NECK OF THE HUMERUS.

The trunk is surrounded by a corset or linen cut in the same way, or the patient is dressed in a linen jacket, with sleeves cut open, or with a vest, &c. A conical pad is placed in the axilla. The injured limb must be abducted from the trunk at an acute angle and surrounded with a

cut-open sleeve. The armpit, condyles, and elbow joint are protected with wadding. A strong compress is applied *between the shoulder blades*. An assistant fixes with his hands the trunk and the shoulder blade of the injured side. Another one *bends* the forearm in the elbow joint, and extends the upper arm in its lower third. The surgeon grasps with both hands the *head* of the shoulder, and crowds out the fractured end of the axilla. A long gypsum splint, bent at a right angle, and hand-wide, is placed along the back of the limb, from the acromion to the hand; another splint is applied to the front of the limb, reaching from the armpit also to the hand.

Incisions must be made on both margins of the splints, in the region of the shoulder and elbow joints, in order to facilitate their adaptation. The splints must be pressed on the limb and surrounded by five transverse strips in single layers. The limb is then brought near the trunk and fastened to it by means of a strip eight or ten inches wide. This broad strip is covered with narrower strips, three or four inches broad, as in the third bandage of Desault for the fracture of the collar bone.

If the broken ends are not much dislocated, a single splint in front, or one behind, fixed to the limb, brought near the trunk by transverse strips, is entirely sufficient. I require for the application of this bandage the kind assistance of Drs. P. and D., besides that of Dr. H.; it is, however, not necessary that the assistants should be medical men, and soldiers may do you the same service, although perhaps not so adroitly as our friends here did it.

FRACTURE OF THE CLAVICLE AND OF THE ACROMION.

The trunk and the limb are inclosed, as in fractures of the neck of the shoulder, in a jacket, vest, etc. In the axilla is placed a conical pad, with the obtuse angle upwards. Between the shoulder blades a strong compress. The fracture is reduced by drawing backwards both shoulder blades, and carrying the shoulder backwards, and pushing the elbow from below upwards. In this position, the arm being bent at the elbow, is fixed to the trunk by a broad transverse strip of gypsum bandage. On the fracture is placed a long graduated compress. The whole together is then fastened by Desault's third (triangular) bandage, made of two or three long transverse strips (three yards long and four fingers wide).

FRACTURE OF THE RIBS AND OF THE BODY OF THE SHOULDER BLADES.

The rump is enveloped as in fractures of the clavicle. Between the shoulders a strong graduated compress is placed, and in the axilla wadding. A broad strip around the rump, from the axilla to the lower false ribs, half a yard broad. Above the clavicles, two strips, painted with gypsum solution and fastened to the transverse belt. Over it another strip, half as narrow and twice as long as the first ones, twice around the trunk. In fracture of one of the first three upper ribs, some strips are carried over both clavicles in the form of a cross. In all this kind of fractures the bandage is applied in the sitting posture. In the preparation of splints for fractures of the upper extremities, the coarse sack linen is doubled or taken three-fold.

FRACTURE OF THE LEG (TIBIA AND FIBULA).

The leg and the foot are enveloped in a stocking cut open along the seam. The *heel* is put in the stocking cut out, and remains uncovered. Around the malleoli, on the dorsum of the tibia, on the hamstrings, in the popliteal space, and on the kneecap, as well as on the dorsal side of the foot, wadding is placed.

With considerable displacement, the extension is made by half flexion of the knee joint, otherwise with extension of the knee. A splint one-eighth of a yard wide, and reaching from the knee to the *heel*, is placed on the back of the limb. Two other splints, three fingers wide, extending from the patella to the toe, are put on both sides of the leg. Both splints are fixed firmly to the leg, and

after having been incised in the neighborhood of the ankle, they must be covered with four or five transverse strips. These transverse strips are one-third of a yard wide and applied in double layers. The front splint must be fastened to the back of the foot by two other small transverse strips. The *heel* remains uncovered.

If the broken ends are distant from each other, as often happens in fractures of the leg, it is necessary, in order to accomplish the reduction, to lift the heel, to be able to approximate the lower fragment to the upper fractured surface, or the foot must be bent much inwards, and retained in this position by assistants, until the bandage is hardened; if the skin is irritated by a fragment, or threatened to be pierced, the application of openings (windows) is necessary, in order to be able to examine at will the injured spot.

TRANSVERSE FRACTURE OF THE PATELLA.

The application of the bandage must be made in the half-sitting position of the patient. The knee must be stretched, the injured limb lifted, and the thigh-bone bent in the hip-joint under an acute angle. The whole limb is now enveloped in an old half of a drawer. Wadding must be placed in the regions mentioned at the front of the leg. The upper fragment of the knee-cap must be approximated to the lower one, with the hands as much as possible, and retained in this position by the hands by graduated compresses and (circle tours) rollers. On these are applied in the bend of the knee, two or three layers of transverse strips (three fingers wide) in figure of eight turns. On the back of the limb is also placed a splint five inches wide, reaching from the tuberositas ischii to the heel; it must be fastened with transverse strips to the leg, knee, and thigh.

FRACTURE OF THE LOWER END OF THE THIGH.

Extension while lying on the back. An assistant fixes the pelvis, another one stretches the knee, seizes the foot in the vicinity of the malleoli, and extends it. The reduction is effected by seizing with both hands the broken ends, together with the soft parts. The whole limb must be enveloped, as in the treatment of the fracture of the knee-cap.

One long splint (six inches wide) is placed on the back of the whole extremity, from the tuberositas ischii, extending to the heel, another equally wide splint is put on the front from the groin, extending to the toes. Both are fixed by five or six transverse strips (five inches wide) in two layers. The lower end of the front splint must also be fastened by two or three narrow strips, carried around the back of the foot in eight tours, leaving the heel uncovered.

FRACTURES OF THE UPPER AND MIDDLE THIRD OF THE THIGH-BONE AND OF THE PELVIS.

Extension while the patient is laid horizontally. The pelvis must be fixed firmly by a strong assistant pressing the hip bones to a mattress. The assistant must take care that the crista ilii be laid equally high on both sides. The whole lower extremity of the injured side, and the whole pelvis, must be enveloped in a divided drawers, cut open along the seam. The whole pelvis must then be surrounded by wide bandages, covering the crista of the hip bones and the large trochanters. Wadding or hemp must be placed on the malleoli, the back of the foot, around the knee-joint, on the spina cruralis, in the inguinal region, around the trochanter major and the perineum. The extension is made by lifting up the extremity, bent at the knee-joint, and grasping the foot, as is usually done in taking off another person's boots.

A gypsum bandage, the middle and lower part about six inches wide, on the upper, however, somewhat more than seven inches, is placed on the outer side of the extremity; it reaches from the crista ilii to the sole. In different regions, as opposite the inguinal on the knee and foot-joint, it must be incised. A second splint of the same width, reaching from the perineum to the sole, is applied to the inner side. In the groin and on the back of the foot, the splints must not only *touch* each other at their margins, but

also overlap somewhat. The upper ends of the outer and inner splints are fastened to the pelvis by broad transverse strips, which surround the pelvis, once and a half ways, to the extent of four fingers, in two layers, applied like a spica in figure of eight turns. Both splints must be pressed by the hands, and fastened to the thigh and leg by five or six transverse strips of four inches, applied in two layers. The lower end of the splints must be bent *towards* and to the foot-sole; strips three fingers wide are fixed to the foot and its back. The heel remains uncovered. The extension of the limb must be continued until the bandage is dry.

If the dislocation of the broken ends is considerable, and the limb much shortened, then instead of a simple bandage, a double transverse strip must be carried around the pelvis in form of an 8. In this case it is also necessary that *one* should fix the splints to the pelvis, while *another* presses at the same time the splints to the back of the foot and to the knee. By this proceeding time is gained, and the bandage drying on those parts, quickly acts like an extending machine, preventing the bones from slipping over each other, and the pelvis from being displaced.

In fractures of the lower extremity, the coarse-sack-linen used for splints must be taken and folded in four, or at least three. Pirogoff's experience is, that in oblique fractures of the upper or middle thirds of the thigh, the bandage cannot be applied so accurately as to answer all desiderata. The manual extension, the fixing of the pelvis *only* by assistants, the lifting of the patient from the bed, in order to carry around him the bandages, and the application of transverse strips around the pelvis and hip joint, all prevent the accurate application of the bandage. After the bandage has been applied, it is very difficult to know whether the pelvis is adjusted, and the limb sufficiently extended. The hands alone of the assistants can neither fix the pelvis, if the fractured ends are displaced, nor perform continued extension. The application of the bandage (spica) around the pelvis prevents still more the fixation of the pelvis, as well as the extension of the limb. The assistants who have to stand near the patient prevent the surgeon from executing the necessary manipulations, and superintending the application of the bandage. In order to obviate all these difficulties, the patient is placed during the application of the gypsum bandage in fractures of the thigh, on a peculiar bench, consisting of three removable pieces, provided with short feet, which may be placed on the mattress of a second bed, close to that of the patient, who then is laid on the bed-board, which elevates him half a foot and better allows the application of the bandage. To the upper piece calculated for receiving the trunk, both crests of the ilium are fixed by a simple mechanical contrivance. The extension of the limb is produced by weights attached to the stocking. First, the bandage is applied around the pelvis, after having removed the narrow middle piece, corresponding to the pelvis, so that the sacrum lies free. The patient, therefore, is not lifted, and the injured limb does not require to be moved upwards and downwards.

At first two layers of sack linen strips, spread with gypsum solution, are placed like a Scultetus bandage on the bed-board, after having put it on a second empty bed, in the vicinity of the patient. The injured extremity must be enveloped, as mentioned, with linen, and surrounded where necessary with wadding, and then the patient is cautiously removed under continual extension from his bed on to the bed-board. The board being elevated on feet of from three to six inches, the patient is raised high, and thus the application of the bandage is facilitated to the surgeon and assistants. The patient lies with the sacrum on the middle board, and the injured limb, from the groin to the foot, rests on the bandage ready made upon the foot-board. The tubera ischii are situated below the prominence (elevation) of the foot-board. The crests of the hip-bones lie between the excavations of the horns. The horns are firmly pressed upon, and fixed to the hip-bone. They are situated exactly between the anterior, superior,

spina ilii, and the trochanter major, and can be fixed in every situation by means of the screws. The middle board is then removed, the sacrum of the patient thus lies free, so as to allow the circular bandage to be carried around it. Subsequently, a broad band, with a weight, is attached to the foot-joint, and hung over the roller. The bandage is now applied. The middle board is then again pushed in, and the patient remains for some time on the bed-board, until the gypsum bandage is hardened and dry. If the extension should be necessary to be continued, he remains on the bed-board for some time longer.

TREATMENT OF COMPOUND FRACTURES.

The displacement of the fragments in *fractures* of the bone, is a frequent and very unfavorable accident, which with the degree of complication becomes more dangerous, and its treatment more difficult and tedious. If a displaced unreduced fractured bone is not consolidated, united by the exudation of callus, the consequence is a *Pseudarthrosis*, which is not easily remedied. But if the fractured bone is firmly united by a callous mass, the displaced broken ends thus united cause the limb to appear deformed or shortened, curved, and it may be useless. Although amputation might be justifiable in many similar cases, it nevertheless becomes the imperative duty of the military surgeon to try the conservative plan of retaining the limb, or some parts of it. The great triumph achieved by modern military and civil surgeons, in retaining what formerly used to be removed by rule; distinguishes modern from ancient surgery, and the experience herein of military as well as of civil surgeons, warrants a trial and imitation of the treatment on conservative principles. I shall for that reason dwell somewhat longer on the means of facilitating the conservation of the endangered parts, and I will consider, (a) The reposition of the fragments in serious complicated fractures in general, and those with splinters. (b) The situation of the limb in the extended or bent position, or on swings. (c) The mode of extension and retention in complicated fractures in general.

(a) RE-POSITION OR REDUCTION OF THE FRACTURED BONES,

is somewhat tedious to both surgeon and patient—to the former on account of the great displacement, the re-position being impeded by wounds, swelling, and muscular spasm—to the patient on account of the immense pain the re-position causes under similar circumstances. If the bone is, however, *totally* crushed, and the fracture thus a comminuted one, the re-position is more easily accomplished, and it may even happen that if the bone be splintered, no displacement in the longitudinal diameter of the bone occurred, as you will hear when I come to treat of comminuted fractures produced by *gunshot*. It is necessary to be cautious in manipulations for re-position of so severe fractures, and it is preferable to allow a shortening of the limb, for the means of retaining the parts thus displaced are utterly inapplicable on account of their positively injurious effect. By forcible traction, tension, or reduction, the irritated parts become still more injured, the sharp ends of the splinters being driven into the soft parts by such a manipulation, and hence hæmorrhages may arise, and also severe pain. The muscular spasms, which often occur, in splintered fractures of the leg for instance, supervene in the first two or three nights after the reduction, in the form of *sudden, convulsive, painful* contractions of the limb, disturbing and rousing the patient suddenly, displacing by it the reduced splinters so much that a new re-position becomes necessary; frequently the spasms associate with inflammations, and are thus still more dangerous.

A slightly bent position of the limb, together with a small dose of opium or *cannabis indica*, or chloroform inhaled, and in the inflammatory stages abstraction of blood, warm water dressings and fomentations, are used under such circumstances often with benefit. *Tetanus*, however, is to be apprehended. The re-position alone is not sufficient to evade those fatal muscular spasms, although the

reduction, if successfully accomplished, and the parts, if thus retained, may contribute much to the alleviation of the spasm. Re position should be tried without an apparatus, but the extension should be confided to intelligent assistants.

(b) THE SITUATION OF THE INJURED LIMB IN THE EXTENDED OR BENT POSITION, OR ON SWINGS.

The severely injured limb, and the easily displaced splinters, require above all *rest* and the most secure and comfortable position. The situation must be firm, without pressing unequally. The position of the limb must be retained *unchanged* for a longer time. The vulnerable parts have to be protected against *bed-sores*. The heel, the malleoli, the tendinous prominences of the heel, and the internal condyles of the shoulder, should rest on a ring filled with horse hair, or on Garfield's air-cushion, or at least be provided with wadding and protected.

In order to facilitate the movements of the body without disturbing the injured limb, *swings* may be used with great advantage, chiefly in injuries of the leg. The simplest is the best. *Gutta percha* swings may be considered the most suitable, and are constructed in this way: A plate of gutta percha of two millimetres thickness, from fourteen to eighteen inches square, is bent, and by its four corners suspended by means of bands and hooks on a roller fastened to an iron stand, having a cross-bar, which may be fixed higher or lower. The lateral compression exerted by the swing on the limb commends it, together with the advantage of producing by its hardness a gradual and moderate reduction, a lasting mild retention, which serves as a lateral splint. The gutta percha swing being of an indestructible material, resisting the water, pus, use, and time (allowing therefore the irrigations with water), remaining always smooth, never breaks, and is therefore preferable to the *wash-linen swings* that last but a short time, to the *leather swings*, that soon offend by their odor, and to the *wooden swings*, which are too heavy. The foot may also be fixed by a *sole-plate* or by bands.

The situation of the limb, bent in the joints, as the lateral one, or on simple or double inclined planes, the angle of which may be variously altered, is proved to be the most comfortable to the patient; the most secure, applicable to all limbs, and most adapted for the spontaneous adaptation and retention of the fragments. The long time required for the union of similar fractures demands the *quiet, secure* position of the limb, and this is naturally, as everybody may convince himself, the *semi-flexion*. After a certain time passive movements should be made with the limb, in order that the joint, thus half-bent, should not become stiff, and that in consequence of the unequal extension of the several parts composing the joint, it may not become irritated or relaxed.

The situation and apparatus are various for the different limbs. For the upper extremity *straw* cushions are used covered with gutta percha, of paper thickness, on it the arm is laid, *half-bent* in the elbow, between pronation and supination, or in one or both directions, according to the injury of the soft parts. If the forearm lies on the front side, a *soft ball* should be placed in the hand, in order to bring the fingers also in the half-bent position. The gutta percha swing may be modified for the arm, and used in injuries of the elbow. A gutta percha plate embraces the arm and is suspended on one of the iron stands. A second gutta percha plate receives the forearm and the hand suspended on a separate stand. Both gutta percha plates are at an angle to each other, described by the more or less bent elbow, and touch each other on the inner concave side of the angle, where they can be fixed to each other by a band or hook. The hiatus thus formed on the outer convex side of the angle, in which the elbow itself lies, may be closed by a small *valve*, to be fixed to the first mentioned two plates of gutta percha, which, if dropped, allows access to the wounds, abscesses, bed-sores of the elbow, and the inner condyle, and permits the application of dressing in that place.

For the lower extremity, and especially for the injuries of the thigh, *well-cushioned* boxes may be used advantageously, the lateral walls of which may be dropped or reverted, and its angle varied at will by means of *hinges* and *double screws*. The situation of the limb is, by the lateral pressure of the wall, a secure one. For the leg Heister's apparatus is the best; it consists of a long box with side walls to be dropped, a foot-board, easily changeable in its situation and angle, and provided with an excision for receiving the heel.

(c) THE MODE OF EXTENSION AND REDUCTION IN COMPLICATED FRACTURES IN GENERAL—WHERE AND HOW IT IS APPLICABLE IN THE CONSERVATIVE METHOD IN GENERAL AND IN PARTICULAR.

The displacement of the fragments is influenced not only by casual external circumstances, causing movements of the injured soldier, from the moment of his falling down, and that of the injury, and through the whole time of his being transported, but the displacement also depends upon the *active muscular contractions*. Hitherto all points of the bones irreducible into the soft parts, and therefore prominent, used to be removed by the saw or resected. *Jeffrey's chain saw* answers this purpose best, after a thin gutta percha plate is used for protecting the soft parts during its application and use. Slight bony points may be removed by strong forceps. But Malgaigne proved by his observations how advantageously the prominent bones may be replaced by a permanent depression of them by means of awls, which are screwed into the prominent points from a fixed position, and thus cause them to be imbedded in and united with callus (*appareil a vis*). By its use from two to four weeks, the callus exudation is firm enough to keep firm the bony fragment.

The extension is best effected by long towels, carried around the body under the armpits, over the head of the bed, and thus producing the *fixation* or counter-extension of the body, while by a well-cushioned leather belt, provided with straps and buckles, or cords with rings movable in the necessary directions, the extension is made.

Reduction or re-position has sometimes to be left to the force of nature, and is effected by *muscular contraction*. If fractures splintered to a very great extent, are left to spontaneous contraction by the activity of the muscles on the inclined plane, by placing the limb in the most natural direction possible, by an adapted situation and lateral compression the extremity may become shortened or somewhat deformed, but will still be conserved, and its effects may be better remedied.

(To be Continued.)

Medical News.

Drs. J. W. CARTER, A. B. CONANT, M. K. GLEASON, E. M. NORWOOD, and JOHN SHRADY JR., have entered the Medical Department of the Ohio, General Morgan's Division, now stationed at Cumberland Ford, Eastern Tennessee, and left for the field of their duties on the 4th instant.

NEW INSTRUMENT FOR TRACHEOTOMY.—M. Bouvier has lately devised a dilating forceps, with three branches, for facilitating the operation of tracheotomy. The instrument is curved, and the additional branch is hollow to serve as a director for the tube. The opening made in the trachea is a small one, and can be dilated in three directions instead of two. The instrument is made by Charrière.

HERR BÆDECKER (*Zeitschrift für Rat. Med.*) proposes the following substitute for human milk:—Cow's milk, 8 oz.; cream, 2 oz.; water, 6 oz.; and sugar of milk, $\frac{1}{4}$ oz.

ERRATUM.—10th line 2d column page 264—for "*distinctive*" read "*de-structive*."

DEATH.

GRISWOLD.—In New York city, April 27, STEPHENIA A., only child of CORNELIA and the late Dr. STEPHEN GRISWOLD, in the 2d year of her age.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 5th day of May to the 12th day of May, 1892.

Deaths.—Men, 117; women, 90; boys, 118; girls, 88—total, 413. Adults, 207; children, 206; males, 235; females, 178; colored, 5. Infants under two years of age, 139. Children reported of native parents, 23; foreign, 126.

Among the causes of death we notice:—Apoplexy, 5; infantile convulsions, 29; croup, 9; diphtheria, 6; scarlet fever, 15; typhus and typhoid fevers, 10; consumption, 71; small-pox, 5; dropsy of head, 14; infantile-malaria, 30; diarrhoea and dysentery, 4; inflammation of brain, 10; of bowels, 8; of lungs, 29; bronchitis, 5; congestion of brain, 8; of lungs, 10; erysipelas, 2; whooping cough, 5; measles, 0. 196 deaths occurred from acute diseases, and 44 from violent causes. 270 were native, and 143 foreign; of whom 87 came from Ireland; 4 died in the Immigrant Institution, and 71 in the City Charities; of whom 20 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

May, 1892	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind	Mean amount of cloud.	Humidity Sat'ion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	.	.	.	.	.
4th.	29.90	.10	58	44	68	7.6	11	N. to SE.	.07	590
5th.	29.70	.20	58	46	71	4	6	W. to SE.	6	810
6th.	29.60	.67	55	47	64	7	10	N.W.	8	586
7th.	29.80	.24	53	41	68	8	12	N.W.	1	540
8th.	29.95	.10	48	39	68	8	12	N.W. to S.	1	580
9th.	29.90	.10	64	46	88	9	14	N.W. to S.	1	590
10th.	29.70	.20	67	54	88	9	13	W. to S.	5	540

REMARKS.—4th. Fine. 5th. Variable, shower at 1 P.M. 6th. Fresh winds, shower early P.M. 7th and 8th. Fine, wind fresh. 9th. Fine, wind fresh early A.M. 10th. Hazy P.M., with fresh wind. Rain-fall for the week ending April 26th, one inch, and for that ending May 2d, two inches.

MEDICAL DIARY OF THE WEEK.

Monday, May 18.	{	NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M.
	{	BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M.
	{	EYE INFIRMARY, 12 M.
	{	OBSTETRIC SECTION, 8 P.M.
Tuesday, May 20.	{	BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M.
	{	OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, May 21.	{	NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M.
	{	BELLEVUE HOSPITAL, Dr. Sayre, 1s. Hoc., half-past 1 P.M.
	{	Dr. Flint, 1s. Hoc., 3 P.M.
	{	EYE INFIRMARY, 12 M.
	{	NEW YORK ACADEMY OF MEDICINE, 8 P.M.
Thursday, May 22.	{	NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M.
	{	BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M.
	{	OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, May 23.	{	EYE INFIRMARY, 12 M.
	{	BELLEVUE HOSPITAL, Dr. McCready, half-past 1 P.M.
	{	SURGICAL SECTION, 8 P.M.
Saturday, May 24.	{	NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M.
	{	BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M.
	{	OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

NEW YORK ACADEMY OF MEDICINE.—DR. ALONZO CLARK will resume his remarks on *Albuminuria* on Wednesday evening, May 21.

OPHTHALMIC HOSPITAL.—DR. GARRISH will operate for Cataract on Tuesday, the 20th inst., at 2 o'clock. Students of Medicine are invited to attend.

Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.
References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

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Each Granule contains one-third of a grain of Hydro-alcoholic Extract of *Digitalis Purpurea*. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations*, *Aneurisms*, and *Hypertrophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

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The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility*, *Anemia*, *Dyspepsia*, *Neuralgia*, and principally where a nervous tonic is indicated.

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This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and odor; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Record says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as cod-liver oil. Dose.—A teaspoonful two or three times a day.

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Original Lectures.

CLINICAL LECTURES
ON THE PUERPERAL DISEASES.DELIVERED AT THE
BELLEVUE HOSPITAL MEDICAL COLLEGE.
By B. FORDYCE BARKER, M.D.,
PROFESSOR OF MIDWIFERY AND DISEASES OF WOMEN, ETC., ETC.

LECTURE IV.

ON LACERATION AND RUPTURE OF THE PERINEUM.

CASE I.*—Primipara, aged 26. The labor presented nothing unusual, the child, a female, weighing 8½ lbs., being born in about eight hours after labor commenced. The vertex presented in the right occipito-posterior position, and the occiput, instead of rotating under the pubes, passed into the hollow of the sacrum. The labor, however, progressed favorably, and the head soon appeared at the vulva. The perineum was then carefully supported, and as soon as the head was born pressure was made on the uterus, and kept up during the delivery of the body of the child and afterwards, to secure permanent contraction of the uterus. The cord having been tied and cut, and the child removed, the perineum was examined, and found to be lacerated to the extent of about an inch. It was noticed that there was some hæmorrhage, but it was thought that it would cease on the removal of the placenta. This was easily accomplished in a few minutes, but as the bleeding continued, particular attention was given to the uterus, upon which steady firm pressure had been kept up from the time of the delivery of the child's head, which was found to be firmly contracted. Remembering then a case which I had seen some weeks before, in which, after delivery by the forceps in the hands of Dr. Barker, the perineum being somewhat lacerated, severe hæmorrhage occurred, although the uterus was firmly contracted, and it was found that the bleeding was from lacerated vessels in the perineum, I concluded that the present case was a similar one. I therefore at once endeavored to arrest the hæmorrhage by sponging away the blood and clots, so as to discover the source of the bleeding, which I should have stated did not come on in a profuse and general flow, as if it were from several points at once, but in a steady, continuous jet, about as large as a small quill. I then passed two fingers into the vagina, and, with the thumb externally, I firmly compressed the lacerated edges of the perineum. This attempt was not at first successful in arresting the hæmorrhage, but after changing the position of my fingers several times I succeeded in arresting any further flow, and when, after an hour and a quarter's continuous pressure, I gradually withdrew my hand from the vagina, it was not followed by any bleeding. Firm pressure was kept up by my assistant upon the uterus during the whole time, but it showed no disposition to relax. The patient's knees were then tied together, a full opiate was given, and she was directed to remain perfectly quiet, and a nurse was left by her side to enforce my directions, and to send at once for aid should the hæmorrhage recur. It did not, however, and the patient made a very good recovery, adhesion kindly taking place. The amount of blood lost was estimated at rather over a quart.

CASE II. occurred in a woman, aged 26, who was delivered of her second child, after a labor lasting about nine hours. The child was a female weighing 9½ lbs., the presentation left occipito-anterior. There was, in this case, the same series of events as in the one just described—the firm pressure on the uterus after the delivery of the child's head, the permanent contraction of the uterus, and the rapid delivery of the placenta, and hæmorrhage, continuing, notwithstanding the uterus was well contracted. The

amount of blood lost could not be accurately determined, but it was very considerable; and the veins of the labia and thighs, which were varicose, were decidedly less prominent when the hæmorrhage was arrested than when it began. The bleeding was stopped by the same means as in the first case, and the patient recovered well. The perineum in this case, too, was supported during the passage of the child, but the laceration was not so extensive as in the former case.

CASE III. was in a primipara, aged 33; the labor lasting ten hours; vertex presentation, left occipito-anterior position; the child, a girl, weighing 7½ lbs. The case was in all respects similar to the last—hæmorrhage from the lacerated vessels of the perineum, and was arrested in the same way. This woman too recovered well.

CASE IV.—Primipara, aged 17; left occipito-anterior position; the labor lasting fourteen hours; the child, a male, weighing 9 lbs. In this case the perineum was not supported, as the child was born when I was not with the patient, and the laceration was much more extensive, reaching to within half an inch of the anus. The hæmorrhage also was much more severe than in the others, amounting as it was judged to nearly two quarts. Pressure, moreover, failed to arrest it, and it was only stopped after it had continued some time by packing the vagina with ice, and retaining it by a compress. As an illustration of the force of the flow, I may mention, that as I withdrew my hand, after finding pressure would not arrest it, probably because I could not succeed in finding the bleeding vessels, a jet of blood escaped with such force as to strike the patient's knee, she being on her back with the legs extended. The recovery of this patient was not so rapid as that of the others, probably owing chiefly to mental causes. Nothing serious, however, interrupted her convalescence, and she soon regained her natural color. In all the cases the knees were tied together, the bowels were kept quiet by opium, and the lacerations united kindly.

Laceration of the perineum is an accident of parturition, which has occurred in the practice of the best obstetricians, and cannot always be prevented; but I believe that a thorough appreciation of the conditions under which it is liable to happen, and a judicious and timely use of means, appropriate to each special condition, to avert the danger, will render the accident a very rare one. We have no statistics from which we can learn either its comparative frequency, or the success of any measure in preventing its occurrence. There is no doubt that the anterior border of the perineum or fourchette is generally lacerated in the primipara, but this is of no importance. If we study the anatomical structure of the perineum, and recall the enormous distension to which it is subjected during the last stage of labor, we can but wonder why serious laceration of its tissues does not occur more frequently. The perineum is the space between the anus and the lower border of the vulva, and consists of skin, fascia, adipose, nerves, blood-vessels, and muscular fibre. The muscles found here are: the constrictor vaginae, the sphincter ani, the ischio-cavernosus, and the transversalis perinei, all of which meet at, and have a common insertion at the centre of the perineum. The length of the perineum is ordinarily from an inch to an inch and a quarter or an inch and a half, but its tissues are so distensible that, when put on a stretch during labor, it will frequently measure from four to five inches. After parturition it is some ten or twelve days before it contracts to its normal length. This should be remembered, for reasons which I will allude to hereafter.

Mr. Baker Brown, in his work on the surgical diseases of women, divides laceration of the perineum into four varieties, 1. That in which the perineum is torn to the extent of an inch or less from the fourchette. This degree of injury is of no great moment, is little marked when the parts return to their normal state, and requires no special treatment,

* Cases reported by CHAS. H. SUTDAM, M.D., House Physician to Bellevue Hospital.

2. Where the perineum is torn between the constrictor vaginæ and sphincter ani, those muscles remaining intact. This is actually a perforation, and quite a number of cases have been published in which the child has been delivered through this accidental opening. 3. Where the laceration occupies the entire length of the perineum, but does not involve the sphincter ani. 4. Where it extends so as to divide the sphincter ani, and even the recto-vaginal septum. In one case that I saw, there was laceration of the recto-vaginal septum, and at least some of the fibres of the sphincter ani, while the remaining anterior portion of the perineum was preserved. In November, 1857, I was called in consultation by a physician of this city, to see a lady twenty-one years of age, who had been in labor with her first child twenty-six hours. I found the perineum enormously distended by the pressure of the head, and the left hand and forearm projecting through the anus. The doctor informed me that the head had been pressing on the perineum for some hours, and the pains were so regular and so violent, that he had with each pain confidently looked for the exit of the head from the vulva. But just before sending for me the hand and arm suddenly appeared through the anus, after which all pain had ceased. After some consultation it was decided that we should not attempt to replace the arm, but leave it alone, and that I should attempt to deliver the head by the forceps. With great care I succeeded in doing this with very moderate traction, the handles of the forceps being directed upwards at only an acute angle from the plane of the abdomen of the mother. For some ten days the bowels of this patient were kept closed by opium, and complete cicatrization followed, the only interruption to normal convalescence being that the catheter was required to empty the bladder for nearly three weeks. It is the province of the obstetrician much more frequently to prevent the accident, than to cure the patient after it has occurred.

To be able successfully and skilfully to do this, it is absolutely essential that the conditions which are likely to produce it should be thoroughly appreciated. We may perhaps give a more clear conception of these conditions by classifying them as follows:—

1. Certain anatomical conformations of the maternal organization are peculiarly liable to this accident, as (a.) a very straight sacrum. Now and then you will meet with a woman in whom the sacrum has little if any more curvature than is ordinarily found in the sacrum of the male. This is the case with the woman whom I have shown you in the wards, with complete procidentia uteri. The perineum was lacerated in a labor some years ago, and the posterior border of the vulval opening is not three lines from the anus, and on examination we found that the sacrum was remarkably straight. In such a pelvis the axis of the outlet must form an angle with the axis of the pelvic cavity, and the effect of the uterine contractions is to drive the head directly down upon the perineum in a line nearly parallel with the axis of the superior strait. (b.) The direction of the vulval opening differs very greatly in different women. I am not aware that any author has alluded to this, but your own future experience will surely verify the truth of the assertion. In some the ostium vaginæ is nearly parallel with the plane of the trunk, while in others it is nearly at right angles with this plane, or to put the statement in other words, in some the direction of the vaginal canal is nearly parallel with the axis of the pelvic cavity, while in others it more nearly corresponds with the axis of the outlet. This difference does not depend entirely, as you may at first suppose, upon the length of the perineum, nor upon the straightness or curvature of the sacrum, but a careful study of the subject has led me to the belief that it is due more to the conformation of the soft structures within the pelvic cavity. You can readily understand how much more liable rupture or laceration of the perineum is to occur, where one condition exists, than where the other does. You can also see the bearing of this anatomical fact, if you admit that it is an anatomical

fact, upon the necessity in some cases, and the proper mode in different cases, of supporting the perineum. (c.) There is a great difference in women as to the elasticity and distensibility of the perineum, depending upon the amount of adipose tissue in its structure. Where this is very considerable there is sure to be an unyielding perineum. (d.) Laceration is liable to occur where there is extreme smallness of the vulva. According to Velpeau, its mean size from the clitoris to the posterior commissure of the vulva is one inch and a half. In some cases, exceptional ones to be sure, that I have had, I am sure that the measurement between these two points could not have exceeded three-fourths of an inch. There is a prevalent notion, even among medical men, that the size of the vulva corresponds with the size of the mouth, but I am convinced that the opinion has no foundation in fact.

2. The perineum is liable to laceration from the excessive size of the head or the shoulders of the fœtus. This excess may be either absolute, as in one case that several of you saw me deliver by forceps in this hospital, where the occipito-mental diameter of the fetal head was six and five-eighths inches, one and one-eighth of an inch beyond the ordinary normal measurement. In another case, where there was no excess in the size of the head, I found great difficulty in delivering the shoulders, and on measurement the bis-acromial diameter proved to be six inches and three-quarters. The excess may only be relative as compared with the size of the vulva.

3. Laceration of the perineum is often liable to occur from certain peculiarities in the mechanism of labor, as (a.) in vertex presentations where the occiput rotates backwards into the hollow of the sacrum, because here an occipito-frontal diameter must first pass out of the vulva, which is three-fourths of an inch greater than the sub-occipito-bregmatic diameter, which ordinarily first passes out in occipito-anterior deliveries. (b.) In face presentations, because during the delivery the vulval orifice must be distended to the length of the longest diameter of the fetal head, that is, the occipito-mental diameter, which is ordinarily five and one-quarter inches, must pass through. (c.) Incomplete flexion, when the head, in vertex presentations, presses upon the perineum, also may be a cause of great danger of this accident, as in this case the occiput does not fully engage under the arch of the pubes and thus the occipito-frontal, instead of the sub-occipito-bregmatic diameter, will first be driven through the vulval orifice. (d.) On the other hand, excessive flexion may also tend to this result, as the direction of the expulsive force of the uterus falling nearer the occipital half of the occipito-frontal diameter, will be an obstacle to the extension of the head, which takes place in its normal exit through the vulva.

4. The physiological character of the labor is an important element as regards the danger of this accident. (a.) Where the labor is too rapid, from the intensity and frequency of the uterine contractions, and especially if the sacrum is somewhat less curved than is usual, the head may be driven through the vulva before the perineum has had time to be gradually extended; (b.) or where the labor is very tedious, and the head remains a long time at the lower strait, until the perineum becomes hot, dry, congested, and unyielding, if a rapid delivery is effected either by means of ergot or the unskilful use of the forceps, the sudden expansion of this tissue is very apt to involve a more or less extensive laceration. (c.) Excessive nervous irritability, causing the patient to make most violent straining efforts to force the head through the vulva before the perineum is prepared for it by a gradual expansion. My house staff have repeatedly mentioned cases to me, occurring in the hospital, where patients have suddenly withdrawn themselves during a violent pain, and thus the perineum, being deprived of all support, is lacerated to a greater or less extent. I am confident that a majority of the cases of laceration that have come under my observation here have occurred in this way, if I can accept the testimony of my

assistants, which I certainly do. Within a few years past I have heard from physicians remarks like the following, viz. "that they had never known a case of severe laceration of the perineum except where it had been *well supported*." Now this is most decidedly contrary to my experience. I have known laceration to occur where this has undoubtedly been the case, and from what I have already said you can see that this must sometimes occur, but such a case I think very rare. A teacher of midwifery—some of you know this statement to be true—while speaking of this accident to some medical students by the bedside of a woman in the last stage of labor, made an assertion something like that I have just quoted. While he was yet talking, his experience was then and there somewhat enlarged, for on concluding his remarks he found the head delivered, and extensive laceration of the perineum. The remark of Denman I often hear quoted, that "when women were delivered without assistance, I have not, in any case, observed any considerable laceration," as an argument against supporting the perineum. I have recently operated for the worst case of laceration that I have ever seen, in which the perineum was not supported. A girl of nineteen, belonging to a very respectable family in this city, loved "not wisely, but too well." She was engaged, and expected to be married early last summer to a young man, who was this autumn killed in battle. Her pregnancy was successfully concealed from her family and friends. When she was delivered no physician was with her, and no one was with her except an old family nurse, who had been the wet-nurse of her infancy, and an elder married sister. The child was born very unexpectedly, the poor girl during the labor not giving utterance to a single audible sound. I should mention that it was premature—as is supposed, short of eight months. The child was adopted by the sister, who had been married some twelve years and had no children of her own, and no one, not in the secret, seems to have suspected where the child came from. Four days after her confinement she was so ill that a physician was called, and of course the nurse was obliged to make a confidant of him. The severe injury she had suffered was revealed to him, a few days afterwards, from the fact that she was wholly unable to retain her feces. In addition to this case I may add that, since I have been connected with this hospital, two patients have been brought in with severe lacerations, one of whom was delivered in the street, and the other in the police station-house.

5. I must not omit to mention unskilful or careless manual or instrumental delivery as a cause of laceration of the perineum. I will here only allude to this fact, as a full discussion of this point necessarily pertains to your instruction on manual and instrumental labor.

As to the effects and consequences of laceration of the perineum, I will call your attention to one most instructive illustration furnished by the cases that you have seen, inasmuch as your obstetric text-books do not, I believe, allude to the danger from hæmorrhage when this accident occurs. In one of our cases the patient would have certainly died from hæmorrhage had not its source been discovered. In all of them the hæmorrhage was too serious to be disregarded. Now every careful obstetrician is always on the alert to guard against post-partum hæmorrhage; but it is probable that the danger from this source has generally been regarded as exclusively due to an uncontracted uterus, which leaves the mouths of the utero-placental vessels open. Cases have been reported where fatal hæmorrhage has occurred, although the uterus has been firmly and permanently contracted. It is possible that in some of them the source of the hæmorrhage has been the same as existed in the cases that you have seen here. I do not propose to detain you long in discussing the prophylactic measures against laceration of the perineum, because in pointing out to you the various physical and physiological conditions under which this accident of parturition is liable to occur, I have already suggested to you the means of prevention. Among medical men it has struck me that there is a prevalent tendency

to two decided errors on this point. One is to the belief that if the perineum is well supported everything possible has been done to avert the danger from laceration of the perineum. If I have succeeded in making myself clearly understood you will see how entirely fallacious such a belief is.

While I believe that properly applied support of the perineum is in many cases of essential service, yet this is by no means the only resource that we have to prevent laceration. From what I have already said it will be inferred that the danger is to be met by special means, oftentimes in addition to the support adapted to each peculiar condition, and that for an obstetrician to be competent to successfully avert the danger he must be thoroughly familiar with the mechanism of labor. He will then understand how the improper or maladroit use of the forceps may in some cases be the cause of the accident; while in occipito-posterior deliveries, in some face presentations, and in other cases of vertex presentation, where there is excessive flexion of the head, and the sacrum has a less curvature than is normal, the forceps may be absolutely necessary to prevent laceration. The cases where the forceps are indicated on this account are undoubtedly rare and exceptional, but remember that it is just these exceptional cases where judgment, skill, and acquirement are demanded from the obstetrician.

Anæsthetic agents are another important means of great value in preventing this accident. They are indicated for this purpose in four classes of cases. 1. In that form of rigidity of the perineum depending upon excessive irritability of the muscular fibres that enter into its composition. I have repeatedly been struck with the rapidity with which relaxation and dilatation of the perineum, under these circumstances, has followed the inhalation of chloroform. 2. In those cases where the danger arises from the violent and rapid uterine contractions, driving the head or the shoulders through the vulva before the perineum has been sufficiently expanded. I have frequently, just as the labor was terminating, pushed the chloroform to the extent of carrying the patient into the state of profound anæsthesia, for no other reason than to protect the perineum. 3. Paradoxical as it may appear, after what I have just said, an anæsthetic is often indicated to protect the perineum in tedious labors. Long continued pressure of the head may produce congestion and inflammation of the perineum, which not only renders it more unyielding but more easily torn. It becomes hot and dry, and very painful, and uterine action becomes irregular and feeble in consequence of this condition. Now, under these circumstances, I have seen the inhalation of chloroform followed by immediate relaxation of the perineum, and a restoration of the normal moisture and temperature of the parts, while efficient action of the uterus was at once resumed.

4. Chloroform is indicated as a resource against laceration, in those cases of nervous irritability where the patient will not remain sufficiently quiet, during the last expulsive pains, to permit the protection of the perineum by the proper support. A large proportion of the cases of laceration, which have occurred in this hospital during my term of service, which began in 1855, have been due to this cause, judging as I do from the history of the cases given to me by the different members of my staff.

In some very rare cases, this accident can only be guarded against by incision of the lateral superior portions of the perineum. An incised wound heals much more readily than a lacerated one. It affords an opportunity for election as to the point where the lesion shall occur, and thus the obstacles which prevent immediate adhesive union may be more effectually guarded against, and experience seems to prove that an incision of two or three lines on each side is sufficient to prevent laceration in the median line of the perineum, the extent and result of which cannot be foretold. So then, we would perform the operation on the ground that we thus select the lesser instead of the greater evil, and my experience leads me to the convic-

tion that there are but two physical conditions which render the operative procedure necessary, viz. where the vulval orifice is excessively small, or where the amount of adipose in the perineum is too great to admit of its necessary expansion. Under both these circumstances I have incised with success, and with most favorable results in all respects.

The other error, which, in my judgment, is becoming rather fashionable in the profession, is exactly the opposite of that I have been speaking of, viz. that to support the perineum is, if not positively injurious, quite unnecessary. Dr. Graily Hewitt, of London, has during the past year published a small monograph on this subject, in which he expresses the belief that, in ordinary cases of labor, to support the perineum as a device to prevent it from laceration, is practically worthless, and that there are grave reasons for suspecting that, in many cases, it has led to the very evil it was intended to prevent. He seems to believe that where there is danger of this accident the principal precautions to be used are, to deliver the woman on the back, with the legs separated, and in the delivery of the shoulders, to direct the delivery as much forwards as possible. Now, if this last direction is good practice for the delivery of the shoulders, why is it not eminently good practice in the delivery of the head, for this is in reality the chief thing accomplished in supporting the perineum? The main thing effected by the support is, to press the head as close as possible under the pubic arch, and thus to relieve the strain upon the perineum. That injury may result from long continued pressure upon the perineum I have no doubt, but this is never necessary, for if the pains are strong enough to endanger laceration, delivery must take place rapidly. Without entering upon an extended argument upon the subject, it seems to me that judiciously applied support to the perineum, during the last expulsive efforts of the uterus, tends to accomplish the following results, viz. to relieve pain, allay irritation, diminish congestion, and direct the force of the uterus from the perineum towards the vulva, and, in some cases, to counteract the too violent efforts of the uterus. But please do not forget, that to support the perineum is a very different thing from forcing the head over the unyielding perineum.

Original Communications.

SURGICAL SERVICE OF THE NAVY IN TIMES OF WAR.

TRANSLATED FROM THE FRENCH OF

DR. JULES ROCHARD,

SURGEON IN CHIEF OF THE FRENCH NAVY.

(Continued from page 278.)

PREPARATIONS TO BE MADE BEFORE GOING INTO ACTION.

IN war times all vessels should be prepared at the time of leaving port to meet the enemy, and the Surgical Department should, of all others, be careful not to be taken unawares. Before starting the surgeons should have all their bandages, instruments, tourniquets, etc., ready for immediate use. The senior surgeon should, by frequent conferences, make the officers under him understand the part they are to take during the action; he should also see the Infirmary men and give them detailed instructions as to their duties, so that at the decisive moment every one shall know what he has to do, and the service be performed without disorder or hesitation.

The first care to be taken, as soon as the call to quarters is heard, is to remove the hospital from the gun room, in which it is located. The chief surgeon should designate such men as must be lowered into the lower decks. Those who are only slightly indisposed or wounded will of their own accord take their places at the guns. Those who can move about, and yet cannot work, should be sent to the

lower decks and the hold, so as to attend their comrades who will soon be brought down.

This first duty being attended to, the surgeon should see that the chains and slings are properly fixed, that the ropes are securely fastened, and that they run easily in the pulleys. He should see that the cock-pit is properly arranged to receive the wounded, that the beds are placed so as to economize room, that the operating tables are in convenient position, that a sufficient stock of candles and lanterns, water, sponges, swabs, sand, etc., has been provided.

CARE TO BE GIVEN DURING ACTION.

If the engagement is severe, and the wounded are rapidly brought in, the surgeons must not think of performing any complicated operation. The men must be carefully examined as they are brought in; those who are only slightly wounded should be sent back to their posts, after having had a preliminary dressing applied, and those who are seriously wounded be treated as thoroughly as possible. This is all that can be done during the action.

The assistant-surgeon should take his post on the lower deck, to be prepared to examine rapidly the wounded as they are brought down; he should only allow those whose cases require immediate attention to be lowered into the cock-pit, and retain near him those whose wounds are not of much danger; by this means the cock-pit is kept free, and unnecessary transportation is guarded against.

(The wounds which the surgeon is called upon to dress are so similar to the ordinary gunshot wounds that there is no necessity to particularize them.)

The minor operations which have to be performed, are not generally painful enough to call for the use of chloroform. There is another reason why its use should be restricted. The first condition for its administration without danger, the first step to be taken to remedy any accidents to which it may give rise, is to cause the patient to respire plenty of fresh and pure air. It is needless to lay any stress on the impossibility of fulfilling this condition in the midst of the heated and vitiated atmosphere with which the wounded are surrounded. But chloroform is not useful, solely, to suppress the pain caused by operations; it can also calm the sufferings to which the surgical art can bring no relief.

In cases where the wounds are so severe that no hopes of recovery can be entertained, art can still be made useful in allaying the last throes of agony. Chloroform used with precaution, but in a continued manner, and without going so far as to produce complete anaesthesia, answers this end. It would be cruelty not to avail ourselves of its services. The example of our confrères in the army sanctions its use; the Medical Director of the French army in the Crimea insisting on its adoption, as an act of charity. An infirm man, or any intelligent aid who has been made to understand the end which is wished to be obtained, and the danger of overpassing it, can be intrusted with this duty.

SURGICAL SERVICE AFTER THE FIGHT.

The surgeons' work is not at an end when the fight is over. Until then they have only made headway against the *eventualities of the moment*; they must now complete their work, making a more complete inspection of the wounded.

Whilst every one on board is busied repairing damages, and order is being re-established at the guns, the chief surgeon, after having dressed all the wounded that have been brought to him, looks over those who are lying about him, goes to his assistants, and receives their report, and then informs the commander of the state of his charge. It is of absolute necessity that the wounded should be taken as soon as possible from the cramped places and vitiated atmosphere in which they are. Their removal, therefore, to one of the batteries, is one of the first things to be attended to. Ordinarily, the commander designates the

lower battery for this purpose. This is certainly less well ventilated, is dark, and damper than the upper battery, and the port-holes are closed as soon as the sea roughens; but it gives a large space, is less encumbered, is more quiet, and the patients do not interfere with the working of the vessel.

As soon as the battery can be occupied, the chief-surgeons should have all the iron bedsteads, with the exception of those wanted for the permanent hospital, placed there. If there are not sufficient bedsteads, hammocks should be slung. This is hardly necessary, except when the vessel is alone or separated from the rest of the squadron. When it is with the squadron the division-surgeon should visit each vessel which has been engaged, take note of the number of wounded, and give his orders according to the circumstances. If necessary, he should cause one of the vessels which may have suffered the least, to be transformed into a hospital ship. Everything being ready the sick should be removed as soon as possible, such as are able to do so walking by the aid of their comrades, the others being carried on hand-litters.

The men who have to undergo at once any important operation, such as an amputation, should be taken to the hospital, where they will be more comfortable. If they are too numerous a post for operating can be established at one end of the battery, which can be entirely isolated by hanging cloths, etc., from the beams.

The wounded being now all in bed, a close examination must be made of their wounds, and a decided course taken as to their treatment.

Those who should receive the first attention are such as have arterial hæmorrhage, of which the surgeon has not been able to find the source, and which has necessitated the use of a tourniquet applied to the stump. As nothing will answer except ligature of the artery, this should be looked to at once. Having placed a bed before and across a port-hole, so that the light may fall directly on the wound, the surgeon removes the tourniquet, and replaces it by the fingers of his aid; guided by his anatomical knowledge, he makes the necessary incisions to find the artery. The aid raises his finger from time to time, so that a spirt of blood may guide the operator, and helps him to discover the source from which it proceeds. Often a hæmorrhage, profuse at the moment of the accident, does not recommence when the pressure is removed. This should not lead to a false security, as it will reappear. As soon as the clots have been removed, and the wound has been washed and carefully cleaned, the blood will always show itself. The search should be continued until the artery is completely isolated, and tied both before and behind the opening.

For the dressing of contused wounds and complicated fractures the best medicine is cold water. The application of lint and bandages steeped in cold water, with a waterproof covering, or sprinkled from time to time, should entirely supplant poultices, of which too much use is made. It has the advantage of lightness, it does not irritate the skin, and it economizes much valuable time. The necessity of superintending the irrigating day and night is certainly a great inconvenience, and to this cause we must trace its being introduced into so few hospitals, and why, notwithstanding the use of it being recommended by the most eminent military surgeons, it is so little used in field hospitals. Nothing is easier than to arrange on board ship as many irrigating apparatus as may be wanted. All that is needed are two halves of a keg, or pails, in the bottom of one of which several small holes have been made; this being filled with water is suspended to a hammock-hook, the dripping falls on a piece of oiled-silk, and is carried into the other pail placed by the bedside. One of the convalescents can be appointed to fill the upper pail as often as it is emptied.

We do not wish to bring forward our personal experience on the subject of *debridement*, but coincide with that of the celebrated Professor of the Val-de-Grâce,

who denounces *preventif debridement* practised to overcome a strangulation which is nearly always imaginary, or to simplify wounds which would cure themselves. We should practise it in cases where it was necessary to make an important diagnosis, to remove a foreign body or a fragment of broken bone. The splinters should always be removed as soon as possible, whether they are loose or adhering to the soft parts, provided this can be done without too much effort. Baudens goes further and recommends the resection in some cases of the angular ends of broken bones. Wounds made by musket or rifle shots occur so very seldom on board ship, that it would not be necessary to discuss this point, were it not that sailors have been so much called on of late years to participate in land attacks.

(To be Continued.)

REPORTS ON

SOME RECENT IMPROVEMENTS IN MATERIA MEDICA AND THERAPEUTICS.

By EDWARD H. JAMES, M.D.,

OF NEW YORK.

IV.

TRITICUM REPENS, A REMEDY IN IRRITABLE CONDITIONS OF THE BLADDER.

HENRY THOMPSON, Esq., communicated to the *Lancet* for October 12, some experience he has had with this remedy, which has since been noticed by a number of both American and foreign medical journals. The article in question is a well known weed, usually called dog-grass or couch-grass, exceedingly troublesome to farmers from the difficulty in eradicating it. It grows about two feet high, with stems trailing at the lower joints. It is the creeping root that has long been used to some extent in medicine, especially by the French and Germans. It has had some reputation as a substitute for sarsaparilla. It is much used in decoction, as an emollient, diuretic, etc., and in the hospitals it forms the basis of the common *Ureane*. Mr. Thompson's first acquaintance with it was derived from a gentleman in the country, who had long used it to relieve frequent and painful micturition consequent upon a severe stricture of the urethra, and upon his representations he was induced to give it a large trial, both in private and hospital practice. It has proved, according to his observation, more efficacious than buchu in vesical irritability produced by inflammation of the prostate and neck of the bladder, in severe gonorrhoea, in pain and spasm from calculus or stricture. It is also found to be of some service in some cases of prostatic enlargement, in renal calculus, and whenever the micturition is very frequent or painful. The following is his uniform formula:—"One ounce of the dried and cut stem is infused in a pint of boiling water for an hour. The liquor removed by straining has been given, unmixed with any other remedy, in quantities varying from twelve ounces to a pint, during the twenty-four hours, in several doses. The taste of the infusion is rather agreeable than otherwise; it produces no nausea or derangement of the stomach." It should be gathered in the spring, shortly before the leaves appear, slowly dried without artificial heat, when it may be cut into short lengths for use.

FERRI CARBONAS EFFERVESCENS.

For this new chalybeate, which has recently attracted some attention both in Europe and this country, we are indebted to Dr. Thomas Skinner, obstetric physician to the London dispensaries, who, recognising in the protocarbonate of iron one of the best preparations we can administer whenever chalybeates are indicated, and as its present official preparations are incapable of preserving it from decomposition for a great length of time, sought, and after some trouble and experiment, succeeded in obtaining it in the permanent and elegant form of an effervescing granular powder, an account of which he published in the *British*

Medical Journal about a year ago. The following are his formula and process of preparation:—*B. Acidi tart. ʒ iij.; sodæ bicarbonatis ʒ v.; ferri sulph. 3 x.; pulv. sacchari ʒ j. 3 vj.; acidi citrici ʒ ij.* 1. Mix the sulphate of iron with the sugar and part of the tartaric acid. 2. Mix the citric acid with the remainder of the tartaric acid and the bicarbonate of soda. 3. Add the mixtures, and thoroughly incorporate them by sifting. 4. The whole is now to be thrown into a metallic pan set into a water bath; in a few minutes it will separate, when it should be rapidly stirred until granules are formed. If preferred it may then be flavored with oil of lemon. The preparation has the appearance of the granular effervescent citrate of magnesia, with the addition of a slight yellowish green tint. A drachm and a half of this mixture contains ten grains of sulphate of iron, which, with the bicarbonate of soda, will produce in solution at least four grains of nascent protocarbonate of iron. There are also developed a tartrate, a little citrate, and sulphate of soda, which act as a gentle aperient, obviating the usual astringent effects of iron, as well as the frequent constipation attending cases requiring chalybeates, especially among females. After the effervescence subsides the carbonate of iron, which is held in solution by an excess of carbonic acid gas, imparts to the solution a clear, light green color, which, as the excess of gas escapes, gradually becomes of a deeper green, until at length the carbonate separates from the solution in the form of a fine cloud, and is ultimately precipitated in the form of an impalpable powder. It may be administered in doses of one drachm or a drachm and a half, twice or thrice a day, either before or after eating, as is found most suitable. This dose, in half a tumbler of water, drunk either during or after the action of effervescence, is said to form a mild, sparkling, and refreshing chalybeate. Like most of the preparations of iron, dilution will be found to increase both its tolerance, and therapeutic action. Dr. Skinner does not claim for it the same effects derived from the protosulphate, the iodide, or the sesquichloride, when a prolonged course of iron is required; but where a moderate course of a few days, or a week or two is necessary, he has found it to be well borne, and to produce a much more manifest chalybeate effect within a given time, and in a smaller dose than other preparations of iron. He has found it particularly serviceable in facial neuralgia, arising from anemia or other causes relievable by iron, especially if the bowels are at all torpid, in which cases he has often found a few doses to act as a specific. It should be continued, however, after the pain disappears, so as to entirely remove the condition upon which the neuralgia depends. To prevent discoloration of the teeth, it is recommended after each dose to apply with a tooth brush, a wash composed of half a drachm of quadroxalate of potassa, with six ounces of rose water, after which the mouth should be rinsed with cold, or tepid water.

BRASSFOUNDERS' AGUE.—Dr. Headlam Greenhow describes a new form of ague, to which he has given the above name. The symptoms resemble ordinary ague, but differ in that the paroxysms occur irregularly, and are distinctly traceable to exposure to the fumes of deflagrating zinc. The attack begins with malaise, listlessness, aching in the limbs, nausea, headache, and shivering, with occasional vomiting, followed sometimes by febrile reaction, but always by profuse sweating. Those who work steadily at the occupation appear to acquire a tolerance of the poison, which is, however, only temporary, for after a few days' absence from work, even the most seasoned casters are apt to have an attack of the metal ague after exposure again to the fumes of the deflagrating zinc. Operatives who work over molten zinc below the temperature of deflagration, enjoy an entire immunity from this disease.—*London Medical Review.*

THE Annual Meeting of the Illinois State Medical Society has been postponed in consequence of the absence of many of its members at the seat of war.

Reports of Hospitals.

NURSERY AND CHILD'S HOSPITAL.

CASES OF SPURIOUS HYDROCEPHALUS,

WITH REMARKS.

By J. LEWIS SMITH, M.D., CURATOR.

CASE I.—A male infant, nearly six months old, died at the Child's Hospital on the 24th day of April, 1862, with the following history:—He was wet-nursed, fleshy, and apparently entirely well, till six days before his death, when from some unexplained cause he was seized with obstinate vomiting, which continued nearly forty-eight hours. When it ceased, drowsiness commenced, ending in death after four days. His face during the somnolent stage of his sickness was pallid and cool; eyes partly open; pupils sluggish, but of equal size; bowels torpid; anterior fontanelle depressed; when aroused he noticed objects for a moment, and immediately relapsed into sleep; no Meibomian secretion; pulse accelerated, and not intermittent, the day before death numbering 150; respiration accelerated, without sighing, the day before death numbering 30. He had no convulsions, and died quietly as if passing into sleep. *Secutio Cadaveris* on the following day. The brain weighed twenty and a half ounces, and to appearance was perfectly healthy; the amount of serum in the ventricles of the brain, and at its base, was no more than natural; membranes also natural; abdominal organs generally somewhat congested; the stomach and the large and small intestines were vascular in streaks and patches, but there was no thickening of the mucous membrane; the vascularity did not appear to be inflammatory; the liver and kidneys, examined under the microscope, were found healthy; thymus gland small, weighing only fifty-seven grains; organs of the thorax healthy, except a little more hypostatic congestion than usual of the posterior portion of the left lung.

The following cases occurred in private practice:—

CASE II.—March 13th, 1859. A—, a male child, 22 months old, previously in good health, has had during the past three weeks diarrhoea, with febrile symptoms; pulse 162, resp. 52; has a slight cough, and a few mucous râles are noticed on both sides of the chest; resonance on percussion good; is somewhat emaciated, and not disposed to much exertion; tongue moist, and slightly furred, and appetite poor. Little care has been taken with his diet. He has the eight incisor and three anterior molar teeth, and is cutting the remaining anterior molar, and two canines. **Treatment.**—Pulv. ipecac. comp., gr. jss., every four to six hours; arrow-root, rice and milk for diet. From the 14th to the 18th inclusive, there was no material alteration in his symptoms, with the exception that the diarrhoea was partially restrained. On these five days the dejections numbered respectively 4, 1, 1, 6, 3 or 4, watery and brown; pulse on the same days, 154, 156, 124, 150, and 144; the respiration on two of these days numbered 56 and 46. The Dover's powder was given at varying intervals. March 19th.—Pulse 124; has become drowsy since the last record, and when aroused is fretful. Omit Dover's powder. **Treatment:** cold applications to the head; mustard pediluvia. Evening: pulse 136; eyes constantly closed, and the head reclining; surface generally warm; tongue dry and furred; vomited at first, but not in three or four days; no grinding of the teeth. Apply cantharidal collodion behind each ear, and continue other local treatment. 20th.—Pulse 130; is constantly sleeping, and when aroused is very fretful; and soon relapses into sleep; no unnatural heat of head, and no dejection since yesterday. **Treatment:** a dose of castor oil, nourishing diet. Evening: pulse 140; has had four stools, but the drowsiness remains as before; his cheeks are sometimes flushed, sometimes pale; pupils sensitive to light; margins of the eyelids covered with secre-

tion. The gums are lanced to-day. 21st.—Pulse 140; had seven dejections in the past twenty-four hours. Treatment: vesication behind each ear, mustard pediluvia, cold to the head. Evening: pulse 118. 22d.—Pulse about 120; remains in the same lethargic state; face cool, and head constantly reclining. Evening: stupor more profound; pulse 102; bowels tending to constipation. Treatment as before. 23d.—Pulse 108; had six dejections from a dose of oil. Evening: pulse 104; no dejection; drowsiness as before. Treatment: brandy gtt. xx, every two hours, beef-tea and milk porridge. 24th.—Pulse 110; rolls the head; had one dejection; is more fretful than during the past four or five days; continue brandy and beef-tea. 25th.—Is not drowsy to-day, and is less restless; rolls the head occasionally, and does not appear to see distinctly; has a slight cough; bowels nearly regular; pulse 100; respiration natural; surface warm, and no unnatural heat of head. Continue stimulants and nourishing drinks. From this date he entirely and rapidly recovered.

CASE III.—May 2, 1860. S—, 20 months old, has had diarrhoea during the past two weeks, and of late a slight cough; pulse 142; does not vomit, but did in the beginning of his sickness; very fretful; no undue heat of surface; stools very offensive and watery, of a dark color, and passed with much force; they number six to twelve daily. Treatment: a simple alkaline mixture hourly, and rice water for diet. 3d.—Pulse 136; dejections less offensive, and less frequent. Evening: pulse 158; is almost constantly sleeping, except when aroused, and is then very fretful; respiration natural; cheeks and fingers cool. Continue treatment, adding beef-tea. 4th.—Pulse 140; coughs occasionally; his head is constantly dropped, and eyes shut; when aroused is very fretful, and he immediately relapses into sleep; rhythm of respiration and pulse natural; no vomiting; three or four dejections in twenty hours, yellow at first, but green on standing. Evening: pulse 140, resp. 36; had this evening a slight convulsion, expresses no wish, and takes drinks reluctantly; face and extremities cool. Treatment: brandy, beef-tea, milk porridge. 5th.—Drowsiness less; was quiet through the night; pulse 124; had three dejections similar to those of yesterday. Treatment continued. 6th.—Takes more notice of objects, and is gradually improving; pulse 158. 7th.—Pulse 140; is fretful in-doors, but quiet when carried out; can be amused by objects for a considerable time. 10th.—Has entirely recovered.

CASE IV.—December 13th, 1861. A German child, 18 months old, has had relaxed bowels during the past four weeks, the stools being thin and watery; during the last eight or nine days has been much inclined to sleep; when aroused is very fretful, and fully conscious, but immediately his eyelids gradually close, and he remains asleep until again disturbed; forehead hot; face cool and pallid, and extremities cool; pulse 164, resp. 32; during the past week has had a cough; dulness on percussion in the left infra-scapular region; depression of the infra-mammary regions on inspiration. Treatment: ammo. carb. gr. j. every two hours. 14th.—No material change in symptoms; drinks readily when aroused; pulse 148. Treatment: cantharidal collodion behind each ear; continue ammo. carb. 20th.—Remains drowsy since the last record; pupils moderately dilated, and right pupil somewhat larger than the left; no vision during the past three days; had two dejections in the last twenty-four hours; face pallid, and the edges of the eyelids smeared with secretion; resp. 44; since yesterday the respiration has been accompanied by sighing; no irregularity of pulse; is very restless when awake, and rolls his head. The vesication behind the ears has been continued, the carbonate of ammonia given with intermissions, and nourishing diet. 21st.—Has had slight epistaxis, and a purulent discharge from the left ear since yesterday, and his sight is restored; pulse 140; the cough remains, though slight; has three to five dejections in twenty-four hours. Continue, and give tannin, gr. jss., according to the diarrhoea. 22d.—Symptoms, gene-

rally, as before; is somewhat emaciated, but not greatly; vision good; had six dejections since the last record. 23d.—The drowsiness is not so great as before; is much prostrated, and the hands tremble; head warm, but face and limbs cool; pulse 152. 24th.—The stupor increased since the last record; he had partial spasms, and died to-day. *Sectio Cadaveris*, 23 hours after death; moderate emaciation; rigor mortis; thoracic and abdominal organs not examined; membranes over the vertex of the brain raised by serous effusion; surface of the brain congested, except the anterior lobes of the cerebrum; on slicing the brain the puncta of blood were found unusually large, both in the grey and the white portions; three ounces of bloody serum escaped from the sub-arachnoid space, and from the ventricles; the substance of the brain was healthy, also the membranes.

The disease, to which we have called attention in the foregoing cases, will be at once recognised as that which Drs. Marshall Hall, Abercrombie, and Gooch first described. Its essential condition is exhaustion. It is, in its pathological character, a state of deficient innervation, or of passive congestion of the brain, sometimes with serous effusion. It differs in its lesions from the disease which it resembles in symptoms, that formerly known as acute hydrocephalus, but which recent writers on diseases of children more accurately describe as two affections, simple and tubercular meningitis, in being non-inflammatory, and therefore not attended by fibrinous exudation.

It is well known that this affection, termed by some spurious hydrocephalus, by others hydrocephaloid disease, is usually consequent on some debilitating pathological condition, often looseness of the bowels. The younger the child the greater the liability to exhaustion, so that under the age of six or eight months the antecedent disease is, frequently, of short duration, while in older children it is more protracted. The first patient, whose case is narrated above, was under the age of six months, and he was, to appearance, in perfect health till within two days of the development of cerebral symptoms. The only assignable cause of the hydrocephaloid disease in this case was the vomiting, though it is possible that, instead of being the cause, it was a premonitory symptom. The other three patients were older, the ages varying from eighteen to twenty-two months, and in these the antecedent disease, diarrhoea, had continued from two to four weeks. The dejections, instead of being green, as Marshall Hall states they usually are, were in all, brown and quite watery.

In Case I. the anterior fontanelle was still open and much depressed. Dr. Watson, of London, remarks that, in young children, the state of the fontanelle aids much in the diagnosis of spurious hydrocephalus. It is depressed in this complaint, while in active congestion and in meningeal inflammation it is prominent. Attention to this fact would prevent the error, into which some of the ablest writers on diseases of children have fallen, that of describing some forms of active cerebral congestion under the head of hydrocephaloid disease. For instance, Dr. West considers the cerebral complication sometimes present in the early stages of pneumonia as a form of this disease. I have noticed even in the early stages of catarrhal and bronchial affections, where the fever ran high, and there was stupor or symptoms threatening convulsions, that the fontanelle was prominent, showing a pathological state the reverse of spurious hydrocephalus.

Another point of interest in the first case was the absence of sighing in the respiration, and intermittency in the pulse. It has seemed to me that these irregularities of respiration and pulse, occurring in cerebral diseases, indicate effusion at the base of the brain, and compression at the origin of the pneumogastric. If so, their absence in this case is readily explained. I never yet have treated a child with disease of the brain, who had sighing, or intermittent pulse, who recovered, although I have known these symptoms to disappear for a time by purgation.

Case II. is interesting on account of the long duration

of the stupor, nearly five days, and yet the child recovering. Such cases reviving from a state almost hopeless, by stimulation, to the amazement of friends, cannot fail to render us grateful to those distinguished British observers who first pointed out the true pathology of this affection.

The state of the pulse, in the above cases, did not aid in making a differential diagnosis between spurious hydrocephalus, and those acute affections of the brain in which there is excess of red blood. It was in all accelerated, and apparently of natural fullness, the pulse of irritative fever, rather than of exhaustion.

In the two fatal cases, the post-mortem appearances were different. In one there was no perceptible change in the condition of the brain or membranes; in the other there was congestion with effusion. The former condition is probably not uncommon, when the disease occurs after short previous illness, but the latter more frequent after protracted ailments. In those cases of spurious hydrocephalus following diarrhoea, which are the cases ordinarily met with, congestion and effusion are present. The mortality of children in cities during the summer months is much increased by the supervention of this form of hydrocephaloid disease on a relaxed state of the bowels.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, March 26, 1892.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

(Continued from page 276.)

MULTILOCULAR OVARIAN TUMOR WEIGHING THIRTY POUNDS.

DR. PEASLEE presented a *multilocular tumor weighing thirty pounds*. This was removed, *post-mortem*, from a young lady between 22 and 23 years old, and was remarkable mainly for the quantity of dropsical fluid in the peritoneal cavity to which it gave rise. It was first noticed by the patient at the age of 18, in September, 1857, or about four years and a half ago; and was at first supposed to be the result of taking cold during the catamenial period. Dr. Peaslee first saw her in June, 1858, when she was quite emaciated, and measured 45 inches round the abdomen. He then diagnosed a multilocular ovarian tumor proceeding from the left side. He again saw her in April, 1859. She now had a circumference of 50 inches. She had had much severe headache, which had been relieved by the liquor potassae arsenitis.

On the 3d of July, 1859, he found her circumference to be 53 inches, and removed 64 lbs. of fluid by tapping—48 lbs. from the largest sac, and the remaining 16 lbs. from a smaller one. She rallied favorably and promptly, and eleven and a half months afterwards (June 15, 1860) he found the circumference 66 inches (five and a half feet), and removed 115 lbs. of fluid from the *peritoneal cavity*—the larger sac not having filled again.

She again filled in ten and a half months, and on the 29th of April, 1861, Dr. Peaslee removed 135 lbs. of a light-colored fluid from the peritoneal cavity, her circumference now being 67 inches (five feet and seven inches). In a little more than seven months (December 9, 1861), paracentesis abdominis again became necessary, her circumference now being 74 inches (six feet and two inches); and at this time 149 lbs. and 3 oz. of fluid were removed from the cavity of the peritoneum. She promptly rallied, and attended church in ten days after the operation.

Her condition now seeming to justify the operation of ovariectomy in Dr. Peaslee's opinion, he advised her to come to the city for that purpose about the 1st of January. She was, however, attacked by parotitis a few days before that time, became much prostrated, and did not regain her strength sufficiently to make a journey of nearly 200 miles, till a month later than the time appointed; and arrived here

much exhausted, and again much distended with the re-accumulated fluid. She gradually failed, and died on the 15th of March. The fluid was removed again on the 2d of March, then being 105 lbs.; but she still failed gradually till death. The 105 lbs. had accumulated in eighty-four days. It was an interesting fact in this case that, though the distension was so unprecedented, the patient had never suffered essentially from dyspnoea.

The amount of fluid removed on two occasions, Dr. Peaslee regarded as without a parallel. Some years since he investigated this point, and found that Sir Astley Cooper had removed the greatest amount of fluid on record at a single tapping; a little less, according to his recollection, than at the second operation in this case (115 lbs.). At the third tapping, Dr. Peaslee removed from this patient 135 lbs., and at the fourth, 150 lbs. minus thirteen ounces. The aggregate of these three tapplings is 400 lbs. minus 13 oz., and the average is over 133 lbs.

The autopsy showed the tumor to be extensively adherent, as Dr. Peaslee had before decided. He would not, however, have been deterred by the adhesion from completing the operation of ovariectomy had he commenced it, since in two cases in which he had successfully performed that operation the adhesions had been quite as extensive and as firm. In one case they were in some parts so firm that he could not tear them across, and had to pass ligatures through them and then divide them with the knife. There were no adhesions to the intestines, and Dr. Peaslee had not yet met with a case in which there were any, though he had often seen adhesions to the great omentum. As a general rule, also, there are no adhesions on any part of the posterior aspect of this class of tumors. They are confined to the anterior aspect; and Peaslee regards them as *physiological* and not as *pathological* developments. In other words, they are developed to fix and support the tumor; and are not, as a general rule, the result of an inflammatory process.

The fact that the fluid in all the tapplings after the first was found to have accumulated in the peritoneal cavity, is an interesting one. It was due to a rupture of the largest sac, and the one containing 48 lbs. at the first tapping, but which still continued to secrete and pour its secretion into the cavity of the peritoneum. Thus the tumor itself, as a whole, was ever smaller after the first tapping than at that time. This had also been recognised by Dr. Peaslee. The fact that a sac may be inadvertently ruptured during the operation for the removal of the tumor during life, had been before alluded to by Dr. Peaslee before this society. It occurred in one of his cases, and was followed by a free hæmorrhage, which was arrested till the tumor could be removed by compression at its pedicle by the hand of an assistant.

DR. CLARK read the following from Dr. Deane, of Woodstock, in reference to the dimensions of an ovarian tumor:—

"Miss Hannah White, æt. 49, died in Gill, Mass., November, 1852, of ovarian dropsy of the right side. The tumor weighed 112 lbs.; had been growing eleven years. It consisted of a liquid substance, varying in color and consistency, contained in a number of cysts of variable sizes, the largest holding about three gallons. The sacs containing the liquid weighed 17½ lbs. after the watery portions had been discharged, leaving 94½ lbs. of water.

"The ovary of the left side was of its normal size and healthy condition, as well as the rest of the abdominal viscera, with the exception of being displaced by the tumor. The tumor extended from the ensiform cartilage nearly to the knees, and the body measured five feet eight inches around the abdomen."

DR. CLARK also referred in this connexion to a tumor, supposed to be ovarian, which he had seen in Ohio several years ago. It occurred in a woman æt. 30. The weight of the tumor was supposed to be greater than that of her body, which in health was only 112 lbs., but now 225 or 230 lbs. It stood forward very prominently a distance of two or three feet, and extended backwards beyond the

pelvic bones at least a foot and a half. The interesting point in the case was, that the woman became pregnant while in this condition, but miscarried early. No autopsy was allowed. The case is reported in full by Dr. Judkins, of Cincinnati.

(To be Continued.)

Progress of Medical Science.

PREPARED BY E. H. JAMES, M.D.

AN INTRA-UTERINE POLYPUS REMOVED BY THE ÉCRASEUR, PREPARED BY ARTIFICIAL DILATATION OF THE OS.

A CASE of this kind is reported to the Surgical Society of Ireland, by Robert Johns, A.B.M.B., etc. The patient complained of being seized soon after marriage with hæmorrhage from the vagina, to which she had ever since been subject, and from which for the last year she had scarcely ever been free. She had become anæmic, was colorless, and unable to walk from extreme debility. She complained of palpitations, ringing in the ears, weight and bearing down in the vagina, and pain over the sacrum, in back, and loins. The uterus was much enlarged; its cervix and os much congested. The latter, which was nearly closed up, was ulcerated on its posterior lip; blood was seen coming through it, and from the ulcerated surface. By means of a small sound a tumor was discovered in the uterine cavity, which accounted for all her symptoms. He ordered her infusion of bark with sesquichloride of iron, and proceeded to dilate the os with prepared sponge, in order to reach the tumor, and if advisable to remove it. The sponge not being retained so as to dilate beyond the size sufficient to admit the index finger, it was determined to try artificial dilatation with the hand whilst under chloroform, which was accomplished in about half an hour, so that three fingers were passed into the uterus, and a fibrous polypus about the size of a goose-egg, attached by a pedicle to the fundus, was seized, and drawn gently through the os, the chain of the écraseur passed around it as high up as possible, and the tumor removed in about twelve or fifteen minutes. Not a teaspoonful of blood was lost. The ulceration was healed in a few days by a solution of nitrate of silver, and she was put on tonics and a good diet. At the expiration of a month she was quite recovered.—*Dublin Medical Press.*

A NEW PROCEDURE FOR TRACHEOTOMY.

The *Journal de Médecine et Chirurgie* describes a new method of performing this operation, submitted to the Academy of Sciences by M. Maisonneuve. The instrument he proposes to use, he styles the tracheotome. It is a kind of incurvated needle, sharp on its concave side, with a regulator intended to limit the depth of its penetration. It may be fixed in a handle like Deschamps' needle, and provided with a very simple mechanism to keep the trachea open, as soon as the incision has been terminated. The patient lying on his back, with his head moderately thrown back, the surgeon holds the instrument in his right hand, applying the point to the middle of the crico-thyroid space, gently inserts it in a perpendicular direction. A sensation of resistance overcome indicates that the point has penetrated into the respiratory tube, the regulator preventing it from entering too deeply. Directing the point of the needle towards the sternum, he gently conveys it forward to the trachea until the needle is entirely concealed in the flesh. During the operation, the regulator must be constantly in contact with the integument. When the requisite depth has been reached, the surgeon forces the point of the needle through the trachea and the integument, and divides from below upwards all the soft parts included in the concavity of the sharp edge. By compressing the integument upwards with the left hand, at the moment the point of the needle extends from the trachea,

and backwards at the moment of incision, the incision of the integument is made more extensive than that of the trachea, and therefore the blood flowing from the wound has less tendency to penetrate into the air tubes.

American Medical Times.

SATURDAY, MAY 24, 1862.

SURGICAL INGENUITY.

THE practice of surgery, more than that of any other department of our profession, teaches us to be prepared for the emergency. Injuries are almost always peculiar, either in the manner of their infliction, the circumstances that surround the sufferer, the precise part of the body mutilated, or in the complications that exist. The experience of our predecessors stands promisingly forth to guide us in our practices, and by the very accumulation of such data it would seem that almost every exigency was provided for. But that this is not the case can be proved in the record of the many unique cases that are constantly occurring in the practice of every surgeon. It is clear then that much depends upon the action of the surgeon himself under such circumstances, and that the only resource which is held out to him is that offered by his own ingenuity.

The importance of the possession of this qualification has shown itself in many a brilliant discovery, and it is fair to say that surgery owes as much in its advancement to ingenuity as to anything else—anatomy, perhaps, alone excepted. We must not be understood as saying that every practitioner of surgery should be a "surgeon artist," or instrument maker, but he should at least be able to follow out principles for treatment by modifications, or by devices of his own, so that every particular indication in the case is perfectly met. Very often circumstances of place are such as to render it impossible to have at hand a convenient instrument, or a well made and suitable apparatus, but the comfort and welfare of the patient should not for this reason be sacrificed. The surgeon is then called upon to devote his thoughts to the simplification of means to the end; if a particular instrument is not at hand he must be ready to rely on some other; if the case is a rare one his own judgment must alone come to his aid.

Upon the battle-field the ingenuity of the surgeon is often taxed to the uttermost in the desire to minister to the suffering wants of those under his charge, and we have seen that such endeavors have not been in vain; if tourniquets have not been at hand, the twisted handkerchief has arrested the ebbing life-current; if splints and other similar apparatus were needed, the simple contrivances set forth in a previous number—the mere use of young saplings and the like—have been found to suffice in keeping the parts in apposition, rendering transportation safe and comfortable. Again, means equally simple and efficient can be resorted to in the treatment of fractures, as an instance of which we quote the following admirable suggestions set forth in the report of the Sanitary Commission on the *Treatment of Fractures*:—

"An excellent plan for putting up fractures of the extre-

mities, in an emergency, may almost always be adopted; it is only strange that it is so little known. This is to take a bundle of straw, the stiffer the better (wheat straw is the best), and to inclose the limb in it, the component straws lying parallel to the axis of the limb. The latter and its envelope may then be bound round with wisps of straw, strings, bandages, or any convenient article, care being taken not to compress the seat of fracture too strongly. Greater firmness may be given by inserting two or more sticks among the straws at either side of the limb. Should swelling now occur, the dressing will yield, the straws being simply drawn out in the direction of their length. The state of the parts may be readily watched; hæmorrhage will be at once manifest; and when the dressing is to be removed, we have only to loosen the circular bands. Extension and counter-extension may be made in various ways, upon a limb thus done up. When suitable straw is not to be had, the stems of bushes, corn-stalks, or leaves, cane-stalks, twigs, or small sticks may be substituted. Almost any fracture of the extremities can be thus arranged so as to be comfortable, even if the patient has to be transported some distance. And in those rare cases in which the bones of the trunk are broken, either on the march or in the field, the whole body may be encased in the same way, a larger bulk of straw being of course required."

The simplest form of extension and counter-extension can be resorted to, as is now well known, independent of the use of any appliances in the shape of a splint. Stretchers have been extemporized with muskets and a blanket, and many a poor sufferer, by the comfort it has afforded him, has lived to bless the forethought of the one on whom his welfare and perhaps life depended. An aneurism needle has been made by bending the "eyed end of a sail needle." In fact, there seems to be no end of devices which may be, and have been, resorted to in emergencies by surgeons who have lacked a supply of instruments.

In civil practice the same want is often felt in reference both to instrument and apparatus; and if a record were made of all the contrivances resorted to, and the expedients adopted by the surgeon in the country, no one would have supposed it possible that so much could be accomplished with a pocket case and an ordinary jack-knife. A few of our practical surgeons have done much towards simplifying apparatus, prominent among whom we notice Drs. BUCK, SWINBURNE, and VEDDER. To these the profession owes much for cheap, useful, and efficient contrivances for the treatment of surgical accidents and diseases. It has been truly said, that any surgeon who properly understands the principles of treatment in a case, can, with a fair amount of mechanical tact, make use of any particular apparatus and secure a good result; while it is equally true that on the other hand there are those who, in the language of a popular professor of surgery, "use splints instead of brains;" who imagine that a well-contrived appliance must suit every case. To this latter class, however, we are happy to say but a very small number belong, inasmuch as the responsibilities which hang around the treatment of fractures more particularly, are too fruitful in suits of malpractice to warrant the undertaking on the part of any one who has not a perfect reliance on his own resources.

The ingenuity for which Americans have rendered themselves famous has shown itself especially in these times of war, in the settlement of many questions of mechanics and engineering, and we have a right to expect that similar results will be witnessed in the practice of surgery. The great battles that have lately been fought, and the large numbers that have been wounded at Fort Donelson, Pitts-

burgh Landing, and Williamsburgh, have offered to those upon the field rare opportunities for seeing injuries of almost every variety and in almost every portion of the body, and by the ingenious and thoughtful surgeon many a novel operation has doubtless ere this been performed. Our best surgical talent is on the field, and when the surgical record of the war is made we have the best reasons for expecting that the interests of science will be served in a truly creditable manner.

THE WEEK.

THE New York Asylum for Insane Convicts, at Auburn, as we learn from its Second Annual Report, is in a flourishing condition. The class of cases now in the institution are for the most part of a chronic type, and hence any good results from treatment are rare. The Medical Superintendent, Dr. Edward Hall, urges the necessity of extending the usefulness of the asylum that it may accommodate all that class of unfortunates, the criminal insane, who are incarcerated in the various prisons of the State. We hope his suggestions will have that amount of weight with those in authority which they deserve. Not only in the light of treatment is this change from a prison to a home necessary, but common humanity demands it as a matter of justice. The number of patients treated during the past year was 85, and of these 5 died.

A LETTER will be found in another column in reference to the suspension of Dr. Hewitt, late of this city. We are glad to hear that the charges made against him are likely to prove unfounded, and heartily approve of the course which he insists upon adopting.

EFFORTS are being made by the Sub-Committee of the Joint Committee of the Common Council on National affairs, to secure the Mount St. Vincent Academy as a permanent home for sick and wounded soldiers. It is designed more especially for the reception of chronic cases. The building is in a very desirable locality, and will probably accommodate about 600 men. The object of the Committee is a very laudable one, and deserves to meet with that success which we are inclined to think it will. The building is at present in the hands of the Central Park Commissioners. There is now an urgent want for hospital accommodations for those who are being brought to this port by the Sanitary Commission, and too much haste cannot be made to secure suitable buildings for the purpose. There is not room in the city for those who should be removed hither. The military hospitals in Washington, Alexandria, Annapolis, and Baltimore, are full to overflowing, and the city of New York will naturally be now fixed upon as the principal depot for the wounded. We called attention to this subject in our last issue, and we are glad to see that some accommodations, meagre though they be, have been made to meet urgent wants. Thirty hospital tents are in readiness on David's Island, capable of providing for 400 patients, and 240 beds in the buildings upon the old quarantine grounds; the Seaman's Retreat has generously opened one of its wings, and will accommodate a limited number. The state authorities have ordered the transformation of the barracks on Riker's Island, but the accommodations there are very indifferent, and it is questionable whether the wounded will be at all benefited by such a resting-place. But notwithstanding all this we have still to ask for room.

Reviews.

RESEARCHES AND OBSERVATIONS ON PELVIC HÆMATOCELE, by J. BYRNE, M.D., M.R.C.S.E., Resident Fellow of the New York Academy of Medicine, etc., pp. 44.

DR. BYRNE has written a very instructive tract on the subject of pelvic hæmatocele. The present pamphlet is enlarged from a paper recently read before the New York Academy of Medicine, and printed in their Bulletin. The disease treated of has been but little studied, and Dr. Byrne with a praiseworthy zeal has set himself to work to investigate its nature, causes, and treatment. His observations are essentially of a practical nature, and are for the most part founded on cases that have occurred in his own practice.

Under the head of pelvic hæmatocele, he speaks of two varieties, the intra-peritoneal and sub-peritoneal, and refers to the following as causes of the affection:

"(1st.) Inflammation of the uterine appendages and its consequences, oftentimes the primary, and by far the most frequent among the *predisposing causes* of pelvic hæmatocele. (2d.) Habitual constipation of the bowels, and morbid growths interfering with the free return of venous blood, and thereby producing a varicose condition of the vessels. (3d.) A hæmorrhagic diathesis from a disordered state of the blood. (4th.) Tubular, uterine, or vaginal occlusion, obstructing the normal secretion, or giving rise to regurgitation through the Fallopian tubes. The immediate or *exciting causes* may be, (1st) sudden suppression of the menstrual, or a hæmorrhoidal discharge; (2d), tenesmus or violent muscular exertion; (3d), injuries by a fall or otherwise, and (4th), excessive coitus, and mental emotions tending to active congestion of the internal organs of generation.

"Still another cause remains to be mentioned which might, with propriety, be classed both as predisposing and exciting, namely, *extra-uterine pregnancy*."

In the matter of treatment he recommends the use of the trocar, introduced through the rectum. The part of the paper treating of the differential diagnosis of the disease, contains the account of an original experiment, proving the following facts:

* "First, that although a lateral position of the tumor will always denote its sub-peritoneal character, yet, the fact of its being central and occupying the whole posterior part of the vagina does not, by any means, prove the contrary; and, secondly, that the position, size, or shape of the swelling—though, *if intra-peritoneal, always central* both above the brim as well as in the vagina—possesses but little, if any, value as a guide to differential diagnosis."

The disease has been found to occur most frequently in married women, especially those who have borne children. In reference to the general character of the disease, his investigations have led him to the following conclusions:

"First—that bloody tumors within the female pelvis are not met with frequently, and should not be confounded with pelvic cellulitis or its consequences. Second—that the relative location of the tumor is not an infallible guide in determining as to its intra or sub-peritoneal character. Third—that certain pathological principles and physiological phenomena inseparable from such inquiries, make it, at least, very probable that the *causes* which predispose to the two forms of hæmatocele, are not only entirely distinct, but differ from each other as widely as pleurisy and pneumonia: and *fourth*—when inflammatory action precedes these hæmorrhages, the character and seat of said inflammation determine the location of the effused mass."

As a whole, we consider the essay the most complete and meritorious one which has been written upon the subject, in the English language. It deserves the careful perusal of every one interested in the subject of which it treats.

A NOVEL SPLINT.—A correspondent of the *Chicago Medical Journal*, speaking of the extreme hardness of the bread and biscuit furnished to the western troops, credits the statement of a soldier, who said that a surgeon, in adjusting a fractured leg, used a *hard cracker as a splint!*

THE CONSERVATIVE TREATMENT OF FRACTURES.

By ISIDOR GLÜCK, M.D.

CHIEF SURGEON TO THE HUNGARIAN HUSSARS.

(From the *American Medical Monthly*.)

(Concluded from page 284.)

THE GYPSUM BANDAGE APPLIED IN COMPLICATED FRACTURES.

In fractures complicated with injuries of the skin, with considerable contusions, vesications, by tendency of the skin to soreness in the region of the injury, and by great displacement of the fractured ends, it is necessary to apply the gypsum bandage with openings (windows), and to leave the injured portion uncovered. The windows of different sizes are made during application of the bandage, and may be formed in two ways.

1. Leaving interspaces between the splints and the transverse strips, to be fixed in the region corresponding to the injury, or

2. By applying on both sides of the limb, or in the front and back of it, wooden splints, provided on both ends with thick pads, and by fastening them by transverse strips.

First Method.—The limb must be enveloped (as in simple fractures) in an old sleeve or a stocking, or in divided drawers, only with the difference, that the linen is cut transversely in the region of the fracture, and the flap of it thus produced is not pressed to the limb. The extension and re-position are then effected, and to the limb the necessary situation is given, removing thus the broken ends from the skin threatened to be pierced. The splints must be thicker than in simple fractures, and applied on both sides, and over and under the fractured spot, leaving free the injured portion as well as its circumference. The splints must closely fit in other parts, and are then fixed by two or three layers of transverse strips, going once or twice around the limb, *above* and *below* the injured region. On the fractured spot, or in the region of the sore skin, the transverse strips surround the splints only partly, and opposite to the wounded portion, the ends are carried to the margin of the opening (window), and then reverted on the limb. But if only one side has to remain uncovered, a splint may be applied to it in the described manner, and to the other side a gypsum splint. If in complicated or simple fractures a very firm bandage is required, as for instance in fractures in the neighborhood of joints, by the preparation of the splints, pasteboard, sugar-paper, etc., may be placed in the linen layers after having been painted over on both sides with gypsum solution. In complicated fractures, where profuse suppuration may be anticipated, the window must be formed so that the pus should not find its way under the bandage. The margins of the window must be sufficiently distant from each other. The application of Pirogoff's gypsum bandages in simple as well as complicated fractures, is calculated for the battle-field.

In hospitals where more time can be taken and the means allow it, it is preferable to take, instead of the sack-linen rollers, linen flaps and cotton or flax. The bandage lies thus firmly and is light. If a roller is applied instead of the transverse strips, the gypsum bandage is fixed in this way:—1. The limb is surrounded by old linen, and on two or three sides provided with splints, leaving an interspace between them. 2. The splints are firmly prepared and fixed to the limb, and then surrounded by circular turns of a roller, in the vicinity of the joints in figure eight turns (*spica testudo*). 3. While the roller is carried around the limb, its outer surface is painted over with gypsum solution (by the hand or a brush), but so as to leave the place corresponding to the interspace free of gypsum. In order to facilitate the cutting open and removal of the bandage, a piece of roller dipped in oil should be placed in the interspace of the splints.

If it is necessary to press the splints in the wounded region still firmer to the limb, they may be fastened by

strong thread or by a dry roller carried circularly (which has to be removed when the bandage gets dry), or two or three transverse strips three quarters of a yard long, are painted over both sides with gypsum solution, leaving in the middle about an inch free from the gypsum solution. The part free from gypsum is placed over the window in the bandage, and the painted ends are carried around the limb, bringing by it the splints close to the limb. As soon as the bandage is dry and firm, the unpainted part of the strips covering the window is cut through by a pair of scissors. On the injured portion is placed, through the window, lint dipped in camphor, or fomentations of sugar of lead, etc., or in injuries of the skin with vesications, a solution of nitrate of silver (from two to fifteen grains in one ounce of water) is applied.

Second Method.—The limb is surrounded with old linen above and below the fractured portions; the injured part remains uncovered in its whole circumference, or one side only, according to the extent of the place to be left uncovered. Long wooden splints are then applied on both sides or in front, and on the side the splints are provided with thick pads turned towards the limb, and fixed so that the pads, at least six inches wide, should be placed close and firmly to the limb; the splints then are fastened to it by transverse strips in the region of the pads. By this proceeding the splints remain distant from the injured place to the extent of the thickness of the pad, therefore nearly six inches. If the injury is considerable or on both sides of the limb, one single splint may also be sufficient. In this case, it is advisable to fix it first by thin English sheet iron, and subsequently with transverse strips. In complicated fractures the gypsum bandage may be applied in the following way: Having applied the splints so as to leave uncovered the injured part, the same are fixed by a dry roller, which is to be painted while carried around, leaving a part unpainted. On that portion, the dry linen is cut through by scissors; the ends of the strips thus formed are then turned downwards, and by means of the gypsum solution fixed to the sides, in which case the solution must be prepared with glue in order to harden slowly. Other changes can also be made in the gypsum bandage as applied by Pirogoff: for instance, first a layer of strips immersed in gypsum solution, then splints, and again a second layer of transverse strips to fix the splints. Sometimes the splints are at first fastened by thread and then by transverse strips.

THE REMOVAL OF THE GYPSUM BANDAGE FROM THE LIMB

May be effected in two ways:

1. Like the starch bandage, being cut open by Scutlin's scissors or a strong scalpel.
2. Removing the transverse strips under continual use of water, in order to precipitate the dust formed by it.

VARIOUS MODES OF PREPARING A GOOD GYPSUM SOLUTION, TO DELAY ITS HARDENING, AND TO MAKE THE GYPSUM BANDAGE EASY AND ELASTIC.

The gypsum solution hardens in five or ten minutes, according to the quantity of water used for it. In order to apply properly the gypsum bandage a quarter of an hour is required. In fracture of the neck of the thigh, and in all greater bandages, the lower layer of the strips often hardens, while the upper ones are not yet applied; the lower layer, therefore, does not stick to the upper one, the bandage does not become firm, and breaks easily, it is therefore necessary to delay the hardening of the bandage, which is accomplished by adding glue to the gypsum solution. The smallest quantity of dissolved glue delays already two or three times the duration of its becoming hardened. Half a teaspoonful of glue dissolved in hot water, and of the consistency to remain fluid, when cold, added to two pounds of water and two pounds of plaster of paris, is sufficient to delay the hardening of it for a quarter of an hour; but the glue must not be mixed with the gypsum solution, but always with the water, previous to adding the plaster of paris to it. If added to the gypsum solution it becomes crumbly. The thicker the glue, the less of it is required for

delaying the hardening of the gypsum solution. If too much of it is added, it does not harden for days. The gypsum solution becomes firmer through the addition of glue, but the surface remains moist for a longer time. Starch and dextrine exert the same influence on the gypsum solution. Thus prepared, no haste is needed; the bandage is cautiously placed under the limb without lifting the patient; and changes are made on the bandage at pleasure.

In order to prepare a light bandage, it is necessary to take instead of the coarse linen for splints, *thin, not polished pasteboard*; and for transverse strips, *fine* linen left unpainted on one side of the limb, corresponding with the interspace of the splints. In order to leave on the linen unpainted spots, a longitudinal space, finger-wide, may be brushed over with fat or a mixture of soap solution and oil. The sack-linen strips are immersed in the gypsum solution, which does not adhere to the spots covered with the above mixture, and may be easily freed from the gypsum solution by the fingers. The gypsum bandage may be made more elastic: 1st. By applying the transverse strips in figure 8 turns in the neighborhood of joints, and at least two layers; 2d. In the bend of the joints, pasteboard or paper immersed in the gypsum solution must be placed between the linen layers. If the bandage is applied with interspaces between the splints, and if portions of the transverse strips are left free from the solution, it becomes so elastic as to allow the margins of the bandage, when cut open, to recede from each other so far as to permit comfortably taking the thickest out of the bandage limb and returning it again. The same bandage may be applied two or three times, if cut open and provided with new transverse strips. Instead of the transverse strips, leather *belts* with buckles may also be used, or dry rollers. The elasticity depends upon the linen. The more elastic and finer the linen is, the more elastic is also the bandage; therefore, old linen answers better this purpose than the coarse sack-linen. 4. It depends upon the manner of conserving the bandages removed from the limb, and the formation of cases and straps for the transportation of the wounded from fractures. A bandage removed from the limb breaks into pieces and makes dust, which may be obviated by various means. The cases (or capsules) made by those means, together with the leather and boxes for the extremities (of various sizes), not only well answer the purpose of transporting the wounded soldier, but have also a good aspect, are light, are not easily soiled, and attract no moisture. It is required: To apply the bandage with openings and longitudinal interspaces. If very light, fine, and elastic bandages should be made, it is necessary to take, instead of the coarse linen for splints, unpolished pasteboard, common paper, or firm, worn hospital linen, and fine linen for the transverse strips. In order to make the walls of the bandage still thinner and easier, the limb may be placed in a stocking cut open, and over it a layer of Scutlet's bandages, *only the outside* is then covered with gypsum solution to which glue was added. On the sides and the back splints, dipped into gypsum solution (of pasteboard, paper, or linen) are applied. In front a longitudinal interspace is left (finger wide), and the splints are fastened at first only by thread, and subsequently by transverse strips of fine linen, that also has uncovered portions corresponding to the interspaces. When the bandage becomes *entirely dry* on the limb, it is cut open by scissors along the interspace between the splints, and all unpainted and oiled linen flaps are removed on the margins thus gained. The *inside* of the capsule is now lined with linen or oiled silk, and cushioned by filling the hollows with wadding, while the outside is painted over with oil or dextrine solved in water. In order that the bandage be externally waterproof and smooth, and have a good appearance, it may be painted over with common paint as used for walls. Such a bandage (capsule) is yet more elastic than a starch bandage, and is very light, a bandage for the leg weighing but two pounds. For complicated fractures, capsules with windows and wooden splints may be prepared in the same way. Such capsules, made (for the army and hospitals) of different sizes, are preferable to the starch bandage, being

firmer, not so easily used up, and not ruined by moisture. The capsules may be fixed to the limb with rollers, leather straps and buckles, or with transverse strips.

In order to prepare a good gypsum solution, it is necessary to know, 1st. That equal parts (in weight) of water and gypsum form a mixture that *thickens in three minutes*, and becomes *hard in eight*. Linen dipped in such a mixture becomes firm after twelve minutes, although its surface remains moist for seventeen hours longer. 2d. Two pounds of water, with half a teaspoonful of thickly-boiled glue, mixed, and also with two pounds of gypsum, give a mixture thickening in eight minutes, and hardening in twelve minutes. Sack linen dipped in this mixture becomes firm after half an hour, the surface remaining moist for all the day. 3. Two pounds of water, with half a teaspoonful of glue, and two and a quarter pounds of gypsum mixed, become thick after six minutes, and firm after twelve; sack-linen fourteen minutes. The thickening of the gypsum solution does not prevent the application of the bandage. If no glue is added, the solution retains its capacity of sticking for five or six minutes longer, and for twelve or seventeen, if glue was mixed with it.

For the preparation of gypsum bandages are required :

	Water.	Gypsum.
	lbs.	lbs.
For fractures of the forearm,	8	8
" " upper arm and leg,	4-4½	4-4½
" " neck of the humerus, about	6	6
" " clavicle and ribs,	4-6	4-6
" " thigh,	7	7
" " neck of the thigh,	8	8

If common gypsum solution is taken for the bandage, it is better in fractures, the bandaging of which takes more than five minutes, to prepare first only the half of the necessary gypsum solution. But if *glue* be added, the whole quantity may be prepared at once. In order not to lose time in the application of the gypsum bandage in hospitals and on the battle-field, there must be kept in readiness for every kind of fracture a certain quantity of old linen in the form of stockings, sleeves, drawers, then transverse strips and splints of coarse linen—all these articles must be ready in packages—as you see it here. The manipulation, as you observe, is by such an arrangement facilitated, and much time gained, which on the battle-field is of the greatest consequence.

Bandages for Fractures of the Forearm.

	Long.	Wide.
	Inches.	
1. A stocking or half a sleeve.	11	8
2. Two splints of sack-linen folded twice or thrice,	11	8
3. Six transverse strips of sack-linen, three in each layer, surrounding the limb once and again halfway,	10	8

For Fractures of the Humerus.

1. A cut open shirt sleeve.		
2. Two side splints.		
(a) The external back splint, 20 { In the lower end near the hand 8		
(b) The internal front splint, 18 { inches; near the shoulder 5 inches.		
3. Transverse strips, six in each layer:		
For the forearm	12-18 {	4 inches.
For the humerus and elbow,	12-18 {	4 inches.

For Fractures of the Neck of the Humerus.

	Yds.	Ina.
1. A sleeve and an upper part of a shirt or of a jacket of linen.		
2. Splints and strips, as in fracture of the upper arm.		
3. A broad belt for the trunk,	8	7
4. Three transverse strips,	2½	8

For Fractures of the Thigh.

	Inches.
1. A cut-open stocking.	
2. Two splints of sack-linen,	18 5
3. Ten transverse strips, five in each layer:	
Below, for the foot-joint,	12 8
Above, near the leg,	16
4. One or three transverse strips for the foot,	10 8

For Fractures of the Patella.

	Yds.	Ina.
1. A divided pair of drawers, the half cut open.		
2. A splint of sack-linen for the back of the limb,	1½	7
3. Sixteen transverse strips, eight in each layer:		
For the lower part of the leg,	12	4
For the knee,	18	
For the thigh,	20	
4. Thick wire for fastening the leg.		

For Fractures of the Thigh and its Neck.

	Long.	Wide.
	Yds.	Ina.
1. A divided pair of drawers cut open.		
2. Two splints of sack-linen, three folds thick.		
An outer splint,	2	10
For the upper part,		7
In the middle,		4
Below,		4
An inner splint,	1½	7
Above,		7
Below,		4
3. Sixteen or eighteen transverse strips, eight or nine in each layer:		
Below—For the foot-joint,	Ina.	4
For the knee,	12	
Thigh and inguinal region,	Yds.	1½
4. Two strips for the eight turns on the foot-joint,		1½ 8
5. Roller for the pelvis,		2 6
6. Two or three strips for the pelvis (spica),		4 4

Correspondence.

THE SARRACENIA PURPUREA, A REMEDY FOR SMALL-POX.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—You have by this time, in all probability, heard something of an extraordinary discovery for the cure of small-pox, by the use of "*Sarracenia Purpurea*" or Indian Cup, a native plant of Nova Scotia. I would beg of you, however, to give full publicity to the astonishing fact, that this same humble bog-plant of Nova Scotia is the remedy for small-pox, in all its forms, in twelve hours after the patient has taken the medicine. It is also as curious as it is wonderful that, however alarming and numerous the eruptions, or confluent and frightful they may be, the peculiar action of the medicine is such that very seldom is a scar left to tell the story of the disease.

I will not enter upon a physiological analysis now; it will be sufficient for my present purpose to state, that it cures the disease as no other medicine does—not by stimulating functional re-agency, but by actual contact with the virus in the blood, rendering it inert and harmless, and this I gather from the fact that if either vaccine or variolous matter be washed with the infusion of the *Sarracenia*, they are deprived of their contagious properties. The medicine, at the same time, is so mild to the taste that it may be mixed largely with tea or coffee, as I have done, and given to connoisseurs in these beverages to drink, without their being aware of the admixture.

Strange, however, to say, it is scarcely two years since science and the medical world were utterly ignorant of this great boon of Providence; and it would be dishonorable in me not to acknowledge that had it not been for the discretion of Mr. John Thomas Lane, of Lanespark, County Tipperary, Ireland, late of Her Majesty's Imperial Customs of Nova Scotia, to whom the *MecMac* Indians had given the plant, the world would not now be in possession of the secret. No medical man before me had ever put this medicine upon trial, but in 1861, when the whole Province of Nova Scotia was in a state of panic, and patients were dying in the hospitals at the rate of twelve and a half per cent., from May to August, Mr. Lane, in the month of May, placed the "*Sarracenia*" in my hands to decide upon its merits; and after my trials then and since, I have been convinced of its astonishing efficacy.

The Indian Cup is found in swamps and moss bogs. Its capacious globular receptacles are generally filled with cool, bland water. The Cups are lined with bristles, pointing downwards, that entangle the flies that come to drink, so that few escape drowning. It is a very curious and remarkable family of plants, exclusively North American, and not to be met with west of the Alleghanies. The leaves take the form of a long bulbous tube or funnel, like the bowl of a tobacco-pipe, terminating with a hood-shaped appendage not unlike an Indian squaw's cap. The flowers, with their hard involuted crenate calyx, and fine sessile

segments, like the yellow water-lily, deep crimson stigmata, and corresponding stamina, in form and appearance are very remarkable. All of the tribe inhabit marshy grounds. The "*Sarracenia Purpurea*" is the most common species, and like all the beautiful things of Providence, widely diffused from Hudson's Bay to the Carolina Northern State. The root consists of numerous short radicles, fibrous and stringy, which, when powdered, have a very faint and agreeable aroma, with a taste very like the willow alkaloid, or salicin. The dose of the medicine—the powdered root—is about a dessert-spoonful, simmered in a pint of water down to half a pint; this is divided into two doses, one taken immediately, the other in six hours; no sugar should be given with it. The only functional influence it seems to have, is in promoting the flow of urine, which soon becomes limpid and abundant, and this is owing perhaps to the defecated poison or changed virus of the disease exclusively escaping through that channel. The "*Sarracenia*," I take reason to believe a powerful antidote for all contagious diseases, lepra, measles, varicella, plague, contagious typhus, and even syphilis, also, a remedy in jaundice. I am strongly inclined to think it will one day play an important part in all these.

Yours, etc.,

FREDERICK W. MORRIS, M.D.,

Resident Physician of the Halifax Visiting Dispensary.
84 Argyle St., NOVA SCOTIA, May 6, 1862.

THE SUSPENSION OF DR. HEWITT.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The following letter was received by Dr. Bennett of Bridgeport, Conn., in which city Dr. Hewitt's family resides, and as it is from an independent and disinterested witness, I beg the favor of its publication in your journal, especially as there is some absurd talk of hushing up the matter at issue. There is nothing that Dr. Hewitt or his friends desire more than that he be "Court Martialed." The examination will be demanded by him.

Yours, etc., W. S. BOWEN.

NEW YORK, May 16, 1862.

[COPY.]

CINCINNATI, May 12, 1862.

MY DEAR SIR:—I have just returned from Pittsburgh and there learned certain facts in reference to a Connecticut army surgeon which I desire to communicate to you, as you both reside in, or hail from, Bridgeport—I refer to Dr. Hewitt. You may have heard that he has been suspended, and from all that I can learn—and my opportunities have been most favorable for learning the facts in his case—he is most unjustly suffering. From Gen. Halleck down, with the exception of an Indiana brigade surgeon who attacked him, the testimony is strong in his behalf. He is beloved by all. No one can call in question his bravery after his exhausting labors at Donelson and at Shiloh. His courage is in everyone's mouth, and his untiring energy commanded the admiration of all who witnessed his efforts in behalf of the wounded. I saw him at Donelson and at Pittsburgh. The Medical Directors and Brigade Surgeons were delighted with the man. The deepest sympathy is felt for him by all who know him, and no one doubts that he will come out untarnished. Indeed, it is the opinion of those most competent to judge, that his trial will be indefinitely postponed and the whole matter hushed up.

I have met the doctor a number of times, and feel that attachment to him which impels me to defend him against his enemies.

The Brigade Surgeons and Medical Directors are to unite in a petition to the Secretary of War and Surgeon-General, that his suspension be removed.

Truly yours,

[Signed]

GEO. BLACKMAN.

THE OHIO STATE MEDICAL SOCIETY will hold its next annual meeting at White Sulphur Springs, on the third Tuesday of June next.

Medical News.

INFANTICIDE IN LONDON.—Infancy in London has to creep into life in the midst of foes. We hear often of the impoverished or poisoned air of close alleys and rooms unfit for habitation; and now the coroners have just told us in their official returns that sixty-seven infants under two years of age were murdered last year in the metropolis. One hundred and fifty more were "found dead," a large proportion of them left exposed in the streets; how many of these were "persuaded not to live" must remain a secret till the disclosure of all secrets. Of above fifty others we learn that they either lost their lives through the misconduct of those who should have tended them, or that their deaths are attributable, wholly or in part, to neglect, want, cold, or exposure; the mother of one was only 13½ years old. More than 250 infants were suffocated, very generally in bed; and in upwards of half these cases there was no evidence how the suffocation was caused, or the juries did not state in their verdict that it was accidental. 1104 deaths of infants in London in 1861, under two years old, were such as to demand a coroner's inquest upon them. The age is the same as in the massacre which Christendom annually remembers; but the size of this great metropolis causes it to out-Herod Herod.—*British Medical Journal*.

DISEASED CATTLE.—In a report just issued by the Registrar-General of Scotland, he calls the attention of the public to the fact that ever since pleuropneumonia broke out among the cattle of this country a few years since, the returns of mortality have shown that carbuncle, a disease formerly very rare, has become comparatively common. Dr. Livingstone observed in Africa that if the flesh of animals who die from pleuropneumonia is eaten, it causes carbuncle in the persons who eat it; and that neither boiling nor roasting the flesh, nor cooking it in any way, gets rid of the poison. It is true that if such cattle are ever sold for food, they are killed before they fall victims to the disease naturally, but still the poison is in them. The report suggests as a subject for inquiry whether the new form of disease which we term diphtheria may not be partially induced by the use of diseased flesh.—*British Medical Journal*.

EFFECTS OF HENBANE.—Dr. Donovan makes some rather startling remarks on the inefficiency of henbane as usually prescribed: his experiments were made on himself and others. He began with 3j. doses of the tincture, and got up to 3v. and 3vj., and even swallowed an ounce at a dose without observing any remarkable effect; he also tried 3j. doses, at intervals of two or three hours, on persons variously affected, but could not discover any consequences. He prepared the tincture himself, both with the wild and the cultivated plant: in all cases the results were the same.—*London Med. Review*.

NEW ARMY HOSPITAL IN PHILADELPHIA.—A new army hospital is in process of erection in Philadelphia. It is situated between Mill Creek, near the Baltimore turnpike road, and Spruce st., and is to consist of twenty-one one-story buildings, arranged in the form of a parallelogram, in the centre of which will be a building for the surgeons. Each ward will contain 50 beds.

WOUNDS OF LOWER EXTREMITIES IN BATTLE.—It is stated that at the battle of Pittsburgh Landing the majority of the wounds in the Federal troops were situated in the lower extremities. This is supposed to be due to the repeated order of Gen. Beauregard to fire low, and cripple instead of kill, as it required two well men to care for each wounded one.

BRIGADE-SURGEONS.—Dr. J. J. Hayes, late of the Arctic expedition, J. T. Heard of the 16th Mass. Regt., and Dr. Baxter, of the 12th Mass., have been promoted to the rank of Brigade-Surgeon.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 12th day of May to the 19th day of May, 1862.

Deaths.—Men, 86; women, 61; boys, 118; girls, 89—total, 354. Adults, 167; children, 202; males, 199; females, 170; colored, 5. Infants under two years of age, 181. Children reported of native parents, 18; foreign, 160. Among the causes of death we notice:—Apoplexy, 9; infantile convulsions, 24; croup, 10; diphtheria, 8; scarlet fever, 18; typhus and typhoid fevers, 7; consumption, 61; small-pox, 5; dropsy of head, 10; infantile marasmus, 17; diarrhoea and dysentery, 2; inflammation of brain, 17; of bowels, 18; of lungs, 24; bronchitis, 5; congestion of brain, 9; of lungs, 6; erysipelas, 2; whooping cough, 8; measles, 2. 248 deaths occurred from acute diseases, and 87 from violent causes. 245 were native, and 124 foreign; of whom 74 came from Ireland; 4 died in the Immigrant Institution, and 49 in the City Charities; of whom 17 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

May, 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity Sat'ion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	"	"	"	"	"			
11th.	30.10	.86	59	50	67	8	11	NW to SW	1	533
12th.	30.14	.10	62	48	75	9	14	N.W.	1	530
13th.	30.50	.19	60	50	71	7	11	S.W.	5	600
14th.	30.00	.04	60	50	70	7	12	N.E.	3.4	600
15th.	30.10	.10	60	52	70	9	14	N.E.	2	510
16th.	30.15	.10	65	57	75	7	11	NE. to SE.	3	620
17th.	30.00	.20	70	60	81	8	11	NE. to SE.	.07	600

REMARKS.—11th, Fine day; wind fresh A.M., weather hazy P.M. 12th, Fine day; wind fresh A.M., weather hazy P.M. 13th, Clear A.M., cloudy P.M., very light rain eve. 14th, Variable A.M., clear P.M., wind fresh all day. 15th, Clear A.M., cloudy P.M., wind fresh A.M. 16th, Fog A.M., clear P.M. 17th, Clear all day, wind fresh P.M.

MEDICAL DIARY OF THE WEEK.

Monday, May 26.	{ New York Hospital, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M. OBSTETRIC SECTION, 8 P.M.
Tuesday, May 27.	{ BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M. New York Hospital, Dr. Markoe, half-past 1 P.M.
Wednesday, May 28.	{ New York Hospital, Dr. Sayce, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1a. Hoc., half-past 1 P.M. Dr. Flint, 1a. Hoc., 8 P.M. EYE INFIRMARY, 12 M. New York Academy of Medicine, 8 P.M.
Thursday, May 29.	{ New York Hospital, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, May 30.	{ EYE INFIRMARY, 12 M. BELLEVUE HOSPITAL, Dr. McCready, half-past 1 P.M. New York Hospital, Dr. Markoe, half-past 1 P.M.
Saturday, May 31.	{ New York Hospital, Dr. Grisoom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

The Annual Meeting of the CONNECTICUT MEDICAL SOCIETY will be held at the Franklin Hall in the City of Bridgeport, Wednesday, May 28th, at 11 A.M. §

SECTION OF SURGERY AND SURGICAL PATHOLOGY.—The Stated Monthly Meeting of the Section of Surgery and Surgical Pathology, will be held at the house of the Chairman, DR. JAMES R. WOOD, No. 2 Irving Place, on Friday Evening, the 23d inst., at 8 o'clock P.M. Subject for discussion, "Tracheotomy in Cynanche Trachealis."

Wm. H. Davol, M.D., late Physician
to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.
References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D. of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

To Physicians.—For Sale: a large county and village practice with a half interest in a drug house, in Greene, Chenango Co., N. Y. For particulars inquire of M. M. Wood, Greene, Chenango Co., N. Y.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, May 10, 1862.

An Army Medical Board will assemble

in Washington, D. C., on the 1st of June next, for the examination of applicants for admission into the Medical Corps of the Army. In addition to the ordinary requirements of moral character, medical and surgical knowledge, good academic education, and sound physical condition, the applicants must be familiar with the principles of hygiene and the conditions necessary to the health of the troops in hospitals, camps, and transports.

Applications must be addressed to the Secretary of War, through the Surgeon-General; must state the residence of the applicant, and the date and place of his birth. They must also be accompanied (references will receive no attention) by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff.

Applicants must be between *twenty-one* and *twenty-eight* years of age. No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment; but those who are approved and receive appointments will be entitled to transportation on obeying their first order.

There are now, and soon will occur, several vacancies in the Medical Staff.

Notice of Removal.

DR. HANBURY SMITH

HAS REMOVED HIS

LABORATORY AND SALESROOM TO

808 BROADWAY, Opposite Eleventh Street.

DR. NÆGGERATH

HAS REMOVED HIS OFFICE TO

125 WAVERLEY PLACE.

DR. JULIUS HOMBERGER,

Speciality: Diseases of the Eye,

has removed to

24 West 12th Street.

OFFICE HOURS: { From 9—11 A.M.
" 5—6 P.M.

John W. Shedden, Apothecary,

868 Bowery, cor. 4th St.

Squibb's, Allen's, Tilden's, Herring's, and other fine preparations always on hand; also Pure Chloroform and Oxalate of Calcium prepared for us by Duncan Flockhart & Co., Edinburgh.

P. W. BEDFORD,
PHARMACEUTIST,

REMOVED TO

745 Sixth Avenue, near Forty-fourth Street,

Opposite Sixth Avenue Railroad Depot.

NEW BOOKS.

Sent Free by Mail on Receipt of Price.

Appia (P. L.) The Ambulance Surgeon, or Practical Observations on Gunshot Wounds. 12mo. Edinburgh, 1862. \$1.50.

BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Clinical Essays, by B. W. Richardson, M.D. 8vo. London, 1862. \$2.00.

BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Gmelin (L.) Hand-Book of Chemistry. Vol. I. 2d Edition, revised. 8vo. London, 1861. \$3.25.

BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Epilepsy: its Symptoms, Treatment, and Relation to other Chronic Convulsive Diseases, by J. R. Reynolds, M.D. London. \$3.25.

BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

E. & S. FOUGERA, PHARMACEUTISTS,

No. 30 N. William st., N. York, and No. 169 Atlantic st., Brooklyn,
GENERAL AGENTS FOR THE FOLLOWING PREPARATIONS:

AGENTS: T. METCALF & CO., BOSTON, MASS.; H. P. WAKELEE, SAN FRANCISCO, CALIFORNIA; E. L. MASSOT, ST. LOUIS, MO.; , BALTIMORE, MARYLAND, ETC., ETC.

To be had also from the first class Drug Stores.

ALBESPEYRE'S BLISTERING TISSUE

This Tissue is always reliable, being of a uniform strength and blistering in six hours. It is neat, handy, economical, and of a great convenience for Physicians (principally country Physicians) Pharmacologists, and Patients. Generally used in the civil practice; it is the only one employed in the active armies and hospitals of France. ALBESPEYRE'S EPISPASTIC PAPER, is used for maintaining blisters, in preference to any drawing ointments.

RAQUIN'S CAPSULES,

Approved by the French Academy of Medicine—Daily prescribed with success by the profession at large. These Capsules are superior to any similar preparations.

GENEVOIX PURE OIL OF HORSE CHESNUTS.

This ANTI-GOUT preparation is among the numerous topical applications possessed by therapeutics, the best external remedy for GOUT, RHEUMATISM, and NEURALGIA.

N.B. It is very important, in applying this oil, to rub gently on the inflamed part, till the skin is completely saturated with the oil.

E. GENEVOIX, Pharm., 14 Rue des Beaux Arts, Paris.

BLANCARD'S PILLS OF IODIDE OF IRON.

Every physician, every work of medicine, regards the Iodide of Iron as an excellent preparation, uniting the properties of both Iron and Iodine.

Each pill contains one grain of Iodide of Iron, the dose is two to four pills a day. None are genuine which have not a reactive silver seal attached to the lower part of the cork, &c., &c.

BLANCARD, Pharm., No. 40 Rue Bonaparte, Paris.

BONJEAN'S ERGOTINE & DRAGÉES OF ERGOTINE.

Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of *Boleae Cornutum*, minus its poisonous substance. In consequence, Bonjean's Ergotine may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of Bonjean's Ergotine is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

LABELONIE, Pharm., No. 19 Rue Bourbon Villeneuve, Paris.

QUEVENNE'S IRON AND DRAGÉES OF IRON BY HYDROGEN.

Physicians desirous to have a faithful article, will prescribe *Genuine Quevenne's Iron*, which is always uniform and reliable, and quite different from the commercial Iron by Hydrogen.

It comes in small bottles, with a tin spoon containing two grains of Iron, which is a dose.

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LEBEL'S SAVONULES OF COPAIVA, &c., &c.

The unfriendly action of Copalva on the stomach, causing nauseous eructations and gastric derangements, renders its continued employment often impossible. In Lebel's Savonules, the Balsam, by its saponification with an alkali, is modified in such a manner, that its digestion is easy and its absorption more ready, besides its elegant form and disguise under a coating of gluten, recovered by sugar as a dragée, neither offend the sight nor displease the palate.

PIERLOT'S VALERIANATE OF AMMONIA, FOR NERVOUS AFFECTIONS.

This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia, Epilepsy, Convulsions, Hysteria, &c., &c.*

Dose.—Two to three teaspoonfuls daily.

PIERLOT, Pharm., 40 Rue Mazarine, Paris.

BOUDAULT'S PEPSINE,

Successfully prescribed in *Dyspepsia, Gastralgia, in slow and difficult digestion, in chronic diseases*, and also to arrest vomiting during pregnancy.

Dose.—Fifteen grains in powder, two or three times a day, just before eating.

LABELONYE'S GRANULES OF DIGITALIS.

Each Granule contains one-third of a grain of Hydro-alcoholic Extract of Digitalis Purpurea. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations, Anæmia, and Hypertrophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

Dose.—Four to ten Granules daily.

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FRUNEAU'S ASTHMATIC PAPER.

This paper contains a determined quantity of Nitrate of Potash, Belladonna, Hyocianum, Stramonium, and it burns well, and its pleasant fumes near the patient, in a closed room, relieve immediately all oppressions.

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E. & S. FOUGERA'S COMPOUND DRAGÉES OF SANTONINE.

These Dragées compound of Santonine and Jalapine are at the same time vermifuge and purgative—being coated with sugar they are pleasant to take, even for children. Each Dragée contains half a grain Santonine and one-fifth of a grain of Jalapine, with chocolate and coated with sugar.

Dose.—Ten to twelve a day for an adult, repeated three days.

GELIS & CONTÉ'S DRAGÉES OF LACTATE OF IRON.

Approved by the French Academy of Medicine.

The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juices. It is daily prescribed for *Chlorosis, Whites, Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

Dose.—Two to three, three times a day.

PAULLINIA-FOURNIER,

Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia, Headache, convulsions of the stomach, &c., &c.* It is favorably spoken of by Drs. Trouseau, Pidoux, Grisolle, &c., &c.

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E. & S. FOUGERA'S DRAGÉES AND SYRUP OF PYROPHOSPHATE OF IRON.

The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility, Anæmia, Dyspepsia, Neuralgia*, and principally where a nervous tonic is indicated.

Dose.—Two to four Dragées, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as cod-liver oil. Dose.—A teaspoonful two or three times a day.

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E. & S. FOUGERA, Pharmacologists, New York and Brooklyn,

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Original Lectures.

COURSE OF LECTURES

ON

DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.

SESSION 1860-61.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE VIII.—PART III.

Urinary and Sexual Organs; Catarrh of Bladder; Incontinence of Urine; Ischuria; Balano-posthitis; Catarrh of the Vagina.

THE urinary and sexual organs have also been said to suffer from the consequences of dentition. There are particularly three affections connected with pathological conditions of the bladder, which, in our text-books, are frequently attributed to this physiological process, viz. catarrh of the bladder, incontinence of urine, and ischuria.

Catarrh of the bladder is by no means so rare a disease in early age, as many of our authors maintain. Traumatic injuries, the presence of calculi, abuse of cantharides, and preceding diseases, such as typhoid fever, cholera, and variola, are admitted to rank amongst its causes. All those cases, however, which do not come under these heads, have very frequently been attributed to dentition, as the always ready scapegoat of a deficient diagnosis. Now, Civiale, one of the best authorities on the diseases of the urinary organs, has directed the attention of the profession to the fact, that the muscular layers of the infantile bladder are less active than in advanced age; that the inert condition of the organ will, therefore, give frequent rise to retention of urine, and that carbonate of ammonia will, consequently, be formed in the bladder, giving rise to irritation and injection of the mucous membrane and its symptoms, viz. pain in the region of the bladder, through perineum and urethra, and the frequent and scanty emission of a dark-colored, or mucous, or bloody urine; symptoms which are sometimes even complicated with dilatation of the bladder, fever, symptoms of typhoid fever or peritonitis, emaciation, sopor, vomiting, and collapse.

The cases explained by the physiological condition of many an infantile bladder, as shown by Civiale, are by no means rare or simple. They are usually not attended with the same danger as those depending on traumatic injuries or the presence of irregularly shaped calculi; but they generally last longer than such as are produced by cantharides, and frequently prove at least as obstinate as those occurring in the convalescence from typhoid fever, cholera, or variola. Nor is the treatment always successful in a short time, or permanent, for the condition of the muscular layers cannot so readily be changed as the momentary anatomical lesion depending upon it. In the majority of cases, however, the administration of alkalies, particularly bicarbonate of soda, or in very chronic cases gallic or tannic acid, uva ursi, or buchu, will suffice to restore both the normal condition of the mucous membrane, and the normal emission of the urine.

By incontinence of urine I do not mean complete paralysis of the bladder involving both the expelling muscular layers and the sphincter. This latter affection results from a central cause, giving rise to constant dribbling of urine, both day and night. Now, by this symptom, it will be easily diagnosticated from the affection in question, which, indeed, compels children to urinate frequently during the day, but is best recognised by their wetting their beds while asleep. It is more frequently observed in males than females, sometimes up to the tenth or twelfth year. I know, indeed, cases that have lasted up to adult age.

AM. MED. TIMES, VOL. IV., No. 22.

Such cases prove, without further remarks, that they need not be, and generally are not, the results of bad habits; not to speak of the fact that many such cases of incontinence of urine, or enuresis, occur in children affected with manifest symptoms of scrofula, or rachitis, without the presence of any change of the chemical composition of the secretion. As a general rule the cause of an individual case—and the etiology of the disease which interests us most here in the attempt of rightly estimating the assumed influence of dentition—must be sought for in one of the following circumstances: either sleep is too sound, and here lies the explanation of the fact that very often children will wet their beds in the first part of the night; or the perceptive power of the bladder is too little; or its sensibility is too great in proportion to the soundness of the sleep, the sensitive nerves influencing the motory ones by reflex action. The latter cause appears to be very frequent; if nothing else were going to prove this assertion, it would be upheld by the speedy success obtained in the vast majority of cases, by the internal administration of belladonna. A quarter or a third of a grain of the alcoholic extract of belladonna, given at bedtime, or two or three times a day, will cure almost every case of incontinence of urine (and, as I have found, of fæces), without affecting the pupils which in the adult are the first organs influenced by this medicament, but are rarely so in children. It may be necessary to give the remedy for a week or two, in sufficient doses, but I have seen a number of cases of long duration which were speedily relieved and permanently cured by a few doses. Other cases, according to their etiology, would require the use of nux vomica, or the constitutional treatment appropriate to scrofula, rachitis, or anæmia.

Ischuria, or retention of urine, is not unfrequently seen in infantile age, although dangerous cases are rare. The patients are generally such as suffer also from flatulence and colics; the symptoms attending ischuria, and those observed in flatulence, as pain, screaming, violent adduction of the thigh to the abdomen, being very similar to each other. Percussion of the vesical region, however, will frequently yield a correct diagnosis. The causes are very various, from malformations of the urinary organs, or permanent foetal condition of the kidneys, down to the presence of vesical calculi; spasm of the bladder, and diarrhoea; or reflex action depending on constipation, meningitis, the presence of worms in the intestinal canal, and they say dentition.

Catarrhal affections of the sexual organs have also been attributed to dentition—balano-posthitis, the hyperæmia, erosions, and the over-secretion of the surface of the glans penis, which usually is the result of uncleanness only. The fatty secretion of the inner surface of the prepuce requires, especially where it is narrow, covering the whole of the glans, constant attention, its frequent removal being the only preventive against decomposition and its local consequences. Masturbation, either a bad habit contracted by the manipulations of injudicious nurses, or in consequence of worms irritating the mucous membrane of the intestinal canal, are often among its proximate causes.

Catarrh of the vagina, rarely complicated with catarrh of the urethra, is even of more frequent occurrence than balano-posthitis; the complication alluded to being sometimes the effect of gonorrhoeal infection. The superstition of gonorrhoea being removed by the contact with an intact hymen has not yet entirely died out. Want of cleanliness, the presence of foreign bodies, peas or beans, or oxyurides vermiculares emigrating from the rectum into the vagina, moist dwellings, liability to catarrhal affections in general, anæmia, and scrofulous or tubercular disposition, are very frequently recognised as the direct causes of the affection; so regularly, indeed, is there a distinct cause to be found that, up to this time, I have not been compelled to resort to dentition as the mysterious source of this evil. Nor is there any reason for the belief that there is a connexion between it and the above-mentioned affections.

Original Communications.

SURGICAL SERVICE OF THE NAVY IN TIMES OF WAR.

TRANSLATED FROM THE FRENCH OF
DR. JULES ROCHARD,

SURGEON IN CHIEF OF THE FRENCH NAVY.
(Continued from page 289.)

AMPUTATIONS.

THERE remains a last part of surgery to be mentioned, namely, Amputations, which occur as frequently on board ship as on land.

They can be subdivided into three classes:—

1st. After a complete, or nearly so, carrying away of a limb by a large shot.

2d. In complicated fractures caused by pieces of shells, or splinters of wood or iron.

3d. In gunshot wounds, accompanied by fractures and ruptures of the arteries, caused by musket or rifle balls.

In the first case no hesitation can be allowed. Amputation should be performed immediately; that is, as soon as the stupor has been dissipated, or in any case within twenty-four hours of the accident.

It is not so easy to determine in relation to complicated fractures and gunshot wounds. The difference between these two descriptions of wounds is important. The apparent gravity of the first contrasts with the apparent harmlessness of the second. Fractures produced by the blow of a large body are like those which are ordinarily seen in hospitals. They are accompanied by much swelling, a rapid loss of blood, and considerable *ecchymosis*. The wounds having a large surface give them the appearance of being more dangerous than they really are. In gunshot wounds, on the contrary, the results are hidden; the broken bones and severed articulations are not seen; there is no remarkable change in the appearance of the limb. Two small openings, slight bleeding, and but little pain, do not seem to endanger the life of the patient, and hardly to call for the necessity of amputation. It requires the whole weight of the conviction given to us by experience to force us to attend to the latter cases in preference to the others.

As a general rule, complicated fractures seldom call for the sacrifice of the limb. In marine arsenals, where the larger part of the work requires the employment of many men when enormous masses are being continually moved, these accidents form the larger part of the hospital duties. Experience has taught us to rely upon the strength of nature and the efficacy of continued irrigation. To necessitate amputation, the destruction of the skin, the *abrasion* of the muscles, the crushing of the bones must be extreme, and they must be accompanied by the wounding of the principal blood-vessels. Such wounds will, without doubt, take a long time to cure. For instance, in fractures of the leg it will often be six months and even more before the patient can walk; and even then when he leaves the hospital, in looking at the deformed limb, which swells and changes color after being for a few hours in a vertical position, we ask ourselves if we have done a real service to the patient, and whether it would not have been preferable to have saved him so much suffering, and have amputated at once. Months, and often years, are necessary to judge of the results. We can then see unhopd-for transformation. The bony soldering has diminished in size, the muscles have regained their shape and strength; the articulations, stiffened by a long disease, have recovered by exercise their movements. The limb cannot be recognised, the patient has forgotten his suffering, and the surgeon congratulates himself on his forbearance. To sum up, when the wounded can be properly attended to, *abstinence* should be the rule, and amputation the exception in cases of complicated fractures.

The same rule does not hold good in gunshot wounds. When a ball strikes a long bone it splits as well as breaks it. A large number of pointed splinters enter the flesh and produce interminable abscesses and suppuration. Often the unseen cracks extend to the neighboring articulations, full access is given to the air, and often pieces of clothing and the ball remain in the wound. These disorders are always more extensive than an external examination would lead us to suppose. Surgeons appearing for the first time in the field are often led into a fatal sense of security. Those who have had much experience insist on the seriousness of these wounds, and of the necessity of immediate amputation in most cases. Such was the practice of the leading surgeons in the wars of the Consulate and the Empire. When a long peace had made us forget the precepts of experience, the hospital surgeons denounced this as *wholesale surgery*. The contrary doctrines took root little by little in the schools, and when war was recommenced, surgeons went into the field with the conservative ideas which they had adopted in their studies. But facts soon modified their views, and we see them nowadays bow before the necessity of active measures, and come back in great part to the practice of their predecessors. The reaction is not complete, and amputations are performed less often than they were. Conservative surgery has taken a large part in the wars of the East and of Italy, and the distinguished surgeons who followed our armies only protest against its exaggerations.

The wounds of the upper limbs rarely call for amputation; it can be dispensed with in cases which seem to require it, if the surgeon has the hardihood to enlarge the wounds, to remove all splinters, and to resect the broken ends of bones or fractured joints. It is needless to mention the use to which a limb can be put even if shortened and deformed. A mutilated hand, consisting only of the thumb and little finger, can be of more service than the most ingeniously contrived artificial hand. This rule does not hold with respect to the lower limbs. The bones being larger, the muscles stronger, and the elements of vitality less, wounds to them are more serious, and their form, length, and solidity must be retained, so that they may perform their functions. It is on this point that definite rules should be recognised, and on no other point is there more variance.

Larrey, Rebecq, and Baudens, insist that all fractures of the thigh should be amputated. Sedillot, Scriver, Guyon, and Legonest, are opposed to immediate amputation. M. Legonest cites twenty-four cases of the upper third of the thigh cured without amputation; M. Roux cites twenty-one from the army of Italy under his care at the Hospital of Saint Mandrier. It is pretty well decided that the wounded can survive these accidents, but are nearly sure to succumb to the operation.

However, these are the opinions of military surgeons only. They cannot be considered as final with the naval surgeons, as the circumstances are different. With the first the number of the wounded often surpasses all the means of properly attending to them, at their disposal; whereas the naval surgeon is always abundantly supplied with all requisites. The army surgeon is often called on to perform operations which could be avoided under more favorable circumstances, such as are to be met with on board ship. We are therefore enabled to practise conservative surgery more than our confrères are, and are allowed to infringe on some of their principles.

In the foregoing we have supposed that the vessel was in good condition after the fight, and that the weather was favorable. If it were stormy, and the necessity of closing the portholes prevented the ventilation of a deck crowded with wounded, dampness, want of light, and the vitiation of the air would soon develop the most grievous complications, and compromise the success of the best of treatment. This is what happened in the Crimea in 1834-5, and which will happen wherever the wounded have to suffer being crowded together, in

dampness and cold. Want of space is the principal difficulty which naval hygiene has to overcome, and though great when caused by sickness the danger is much augmented when the patients are wounded. To the ordinary effect of the vitiation of the air, are added the emanations which arise from abundant suppurations from large wounds, often tainted with gangrene. On shore, notwithstanding all the resources of ventilation, the wards of the hospitals are not entirely free from danger of purulent infection, and cases are even occasionally seen of *pourriture d'hôpital*. Then, terrible dangers are more likely to happen on board ship, to which may also be added ship fever. They are liable to break out at any moment. During the short passage from the Crimea to Constantinople several of the ships were affected, and cases can be found by looking further back, in which they were developed in a still shorter space of time. The fear of these scourges should always be before the surgeon's eyes, and everything should be done to prevent them.

When the weather precludes the possibility of opening the port-holes, wind-sails should be rigged at all the hatches that can be used for this purpose, braziers should be lighted at the end of the room, and pans filled with chloride of lime, slightly wet, should be placed under the beds of these patients whose wounds are most offensive. The utmost importance must be attached to a rigorous cleanliness, which must be done without having recourse to much washing. Cloths should be spread on the deck during the dressings and during meals. Lint, which has been used, small pieces of rags, etc., should be immediately thrown overboard; bandages should be placed in salt water and carried away, to be washed afterwards in fresh water. The pails used for irrigation should be often emptied and cleaned; and if the wounded are on board for any length of time, the partitions and ceilings should be whitewashed occasionally.

Whatever may be done, the re-union of a large number of wounded cannot but be attended with danger. They must be removed as soon as possible. When the urgent operations have been performed, the end of the hospital which has been reserved for this purpose can be placed at the disposal of the worst cases. Those who can leave their beds should not be allowed in the lower battery during the day-time; they should be on deck if the weather is fine, or in the upper battery where their presence would not interfere with the crew. If necessary, those who cannot yet walk, should be carried there. Exposure to the air, the vivifying effect of the sun, and the sight of their comrades, will produce the happiest effect on their moral and physical state, and their absence from the hospital be a great advantage to those left there.

The diet of the wounded should be the object of special attention. The resources are rather limited, but, except after a long cruise, the provisions will not have had time to spoil, and a full stock of refreshments will be on hand. As the conditions of the wounded after a fight are peculiarly debilitating, a substantial and reparative regimen is the best means of preventing the diseases to which they are liable. In France the wounded are not sufficiently kept up. The English do not follow this course, and are the better for it. The surgeon must bear in mind that his patients are robust men, accustomed to substantial rations, and that when wounded they should be well fed, and should be allowed to eat as much as they want, as soon as the traumatic dangers are passed. Usually, not enough is known of the necessity of repairing the constitution after it has been reduced by severe lesions. It is not necessary to add, that all the ordinary rules of hygiene should be strictly attended to, and that the wounded should be sent on shore at the earliest possible moment.

JAPANESE MEN OF SCIENCE.—The scientific men attached to the mission visited the Military Hospital of the Val-de-Grâce and the Ecole de Médecine, and were much delighted and edified.

DOUBLE MORBUS COXARIUS.

EXTENSIVE ULCERATION OF BONE, WITHOUT CREPITUS OR MARKED GENERAL OR LOCAL SYMPTOMS.

BEING THE HISTORY OF A SPECIMEN PRESENTED TO THE N. Y. PATHOLOGICAL SOCIETY, AT ITS MEETING, NOV. 27, 1861.

By E. KRACKOWIZER, M.D.,

OF NEW YORK.

STEWART GILMORE, 5 years and 3 or 4 months old, had always been a delicate child—pale, thin, very nervous, never a hearty eater, his teeth decaying as fast as they appeared. About fifteen months before he died his parents noticed something singular in his walk, and attributing it to bad habit, administered frequent admonitions. They are not able now to remember fully in what consisted its peculiarity; all they say is, that he walked with a halt, and when he had occasion to stoop for anything, he would not bend over, but go down first on his right knee, thereby enabling himself to reach objects on the floor. Soon he commenced to complain about pain in the right knee. The family physician thought first it was rheumatism, then again "growing pains." After a while he pronounced it hip-disease. As for systematic treatment, it seems neither to have been sought nor to have been applied, the trouble referred to remaining about stationary. Yet it told on the general condition of the child so far, that he grew thinner and had less appetite. His sleep seems to have been satisfactory; at least the parents do not remember that he gave that characteristic shriek, common in inflammations of the larger joints, very often.

After this condition of things had lasted about nine months, some time in the beginning of February, 1861, on a Sunday his mother took him to church. He seemed to complain more, and to walk with more difficulty on his way home. Tired he lay down beside the stove, and after getting out of his nap he used the right leg no more. For the next three months all his locomotion was performed with the left leg, the right one barely touching the ground for a moment, while he would keep his balance at the same time by taking hold with the hands of surrounding objects, or pushing his hands against the walls.

During the month of May he lost the use of his left leg also. It is somewhat doubtful, whether the trouble on the left side commenced suddenly or by degrees. I will state here what I could gather from the narrative of the mother in this respect. Some time in the latter part of April, following the advice of the family physician, the child was brought to the Clinique of the College of Physicians and Surgeons for three subsequent Mondays. The mother remembered that Dr. Markoe had remarked on the last Monday that there was double hip-complaint, and advised her to put the patient under Dr. Davis's treatment.

On the subsequent Monday Dr. D. examined the boy, pronouncing the disease hip-complaint of the right side. He bade the mother return next Thursday, when he would apply his apparatus. But already on Wednesday the mother found, to use her words, "in the morning his left leg as stiff as the right one." She sent for her physician to learn what she ought to do. He told her it was useless now to get the apparatus, and nothing could be done.

Nothing was done accordingly for a couple of weeks, when the boy was presented at the German Dispensary, 132 Canal st, June 18, 1861. After he was divested of his dressing it was found that there was an utter impossibility either to stand or to walk, as both legs were kept constantly flexed in the hips as well as in the knees at about a right angle. If the boy were well held under the shoulders, and so let down on his feet, he would exhibit the utmost trepidation, and when in this situation the support was seemingly taken away from him, he would rather let the heels glide away from the floor as an instinctive preparation to come down on his buttocks, than permit a further flexion in the knee or hip-joints.

When put on his back the existence of coxitis of the right side in the second stage was very evident. There was no absolute rigidity of the joint, passive motions to a small extent not being transmitted to the pelvis; but any wider excursions imparted to the extremity, mainly abduction and extension, were immediately answered by corresponding motions in the lumbar part of the spine. These motions caused pain. On the left side the extent of articular motion produced by passive motion was considerable, and it was not so clear whether the extreme nervousness of the child was not the cause why they might not have been carried to a normal degree. But repeated examinations at different times when the attention of the patient was called away settled the doubt in favor of inflammation in the left hip-joint too. There was no swelling around the joint, and under the influence of chloroform passive motions elicited no crepitus. The pelvis was somewhat oblique in two aspects, the ant. sup. spine of the right ilium being higher and somewhat further back than the one of the left side. To bring both spinæ to the same level it was necessary to increase the flexion and adduction of the right thigh by carrying it under an angle of near 40° over the left one.

On June 25th extension was made use of by means of adhesive-plaster straps and weights attached to cords running over pulleys fixed at the footboard of the bedstead. Under this treatment the general condition of the child improved very rapidly, as also the local improvement became apparent. His sleep became good, the hectic fever and night-sweats ceased, his appetite returned, and he was in excellent spirits. With the weights on his legs it was his delight to pull them towards him vigorously and let them go again, and during these motions the pelvis participated very little. The weights removed, the active motions and to a lesser degree the passive ones gave pain. After he had been about four weeks under this treatment a swelling commenced behind and superior to the left trochanter, which was plainly fluctuating, and on the twelfth of August had acquired about the size of a lemon. Chloroform was administered, and by puncture with a trocar one ounce and five drachms of a liquid was drawn off, consisting partly of a glairy substance, partly of dirty pus with shreds of coagulated lymph, not very intimately mixed, but all these constituents issuing pretty separately through the canula. Passive motions gave a very distinct bony crepitus, leaving no doubt of ulceration of the joint and perforation of the capsule. The wound was closed with adhesive plaster, and healed by first intention, no reaction, general or local, setting in. The child was then going on as well as ever. Swelling formed again, only a little slower, and puncture was repeated on September 14th. One ounce of unhealthy pus was withdrawn. Crepitus the same. Effect the same.

I must state here that both these times, when the patient was under chloroform, the right joint was examined with care, with a view to detect crepitus. None was found, either by me, or by Drs. L. A. Voss and A. Jacobi, who were present.

It may surprise some of the surgeons why I confined myself to puncturing the abscess, and not laying it open widely with the knife. My reason was this:—From the general improvement of the patient, the absence of pain by pressure, the fair degree of active motion while extension was kept up by the weight, I was led to suppose that the ulcerative destruction in the joint was not very extensive. I thought that by continuing the treatment then commenced, and giving so fine results, that a healthy reparative process might spring up in the joint, while I had no misgivings but that under such circumstances the secondary abscess would, by repeated puncture and injections either of a solution of corrosive sublimate or of iodine, be obliterated. Besides, cutting the abscess open would have interfered with the application of the counter-extending strap of Davis's apparatus, which

I thought the time had come to apply. At any rate the indication to cut into the abscess did not seem to me to be so very urgent.

I applied Dr. Davis's splint on both sides September 28th. The boy was delighted with being enabled to be around, and out of bed in day-time. He enjoyed the scenes on the street by leaning out of the window, and supporting himself to a certain degree with his feet. When well-steadied by being held under the shoulders he made steps through the room, although in this proceeding the motions were mainly performed in the spine; at least I could not satisfy myself that there was any motion in the joints.

Having satisfied myself that the parents understood perfectly the management of the apparatus I did not see the boy so often. I paid him a visit October 15th. That day he went to bed as well as ever. He awoke about 10 p.m. with a loud scream, and being frantic, could hardly be pacified. He passed a very restless night. On October 16th he asked to have his splints on and be dressed. He vomited up his breakfast, was very irritable and acted strangely. There was no marked change in his condition during the three following days. There was an occasional emesis, a passage from the bowels every day, and sometimes the water would be passed involuntarily.

October 22d.—I called as usual after the expiration of one week, not being informed of the change that had come over the patient, and found him in bed, this being the first day since his recent sickness when he was unable to rise at all. He had a silly expression of countenance. Head somewhat hotter. Pupils dilated—contracted under stimulus of light, but immediately dilated again. A little strabismus, alternating, but more with the left eye. Mind very dull, answers very slow and short, but correct.—Pulse 140, small, regular. Bed wet with urine passing involuntarily. Hands constantly pulling the genital organs. Had had no passage for three days. Action of the muscles of the upper extremities unsteady, tremulous, without plan, spastic contraction of the flexors during quiet slightly prevalent. Oct. 23d.—Was not conscious, same symptoms, muscular tremor more marked. Continued so, the main symptoms not varying till October 31st, when he died, growing weaker and weaker.

Never had general convulsions, nor paralysis. Urinary secretion very free. Pulse was only for two days (Oct. 25th and 26th) slightly irregular. Four days before he died he was conscious, sometimes for longer intervals, understanding and answering questions of the plainest sort, about food and drink, correctly, with a thick gurgling voice.

Post-mortem examination, Nov. 1st, thirty hours after death.—Calvaria and dura mater normal. No serum in the arachnoid sac; pia mater moderately vascular; gyri cerebri not flattened. On the top of both hemispheres, and more so on their minor surfaces, the pia mater was studded with a great number of tubercles, solitary and in groups, either free or imbedded in layers of yellow coagulated lymph, exuded under the arachnoidea, along the course of the veins of the pia mater. Tubercles scarce on the base of the brain, and still more so at the commencement of the fossa Sylvii. Substance of the brain healthy. Lateral ventricles not dilated, not more than the usual quantity of serum. Endyma normal, no softening of the adjacent brain-structure.

The pelvis with upper part of the thighbones was removed entire from behind, without opening the peritoneum. The gluteus medius and maximus of the left side were lifted up and protruding from pus accumulated beneath them. On cutting their fibres parallel with the crest of the ilium, a large abscess was found between the gluteus medius and minimus, reaching backwards to the incisura ischiadica major, and forwards and downwards to the anterior aspect of the thigh, the matter burrowing between the tensor fasciæ and sartorius muscles and the head of the rectus femoris. The walls of the abscess were partly vascular with deposits of coagulated lymph firmly adherent;

partly they were constituted by the interstices of the muscles, which the burrowing matter had dissected.

On the anterior border of the glutæus minimus muscle, where it crosses the origin of the rectus femoris from the spina ilei anterior inferior, there was an opening, exteriorly bordered by a sharp, falciform spur of the fascia of the glutæus minimus. This sort of slit was blocked up by a shred of dirty-yellowish grey lymph. On this being withdrawn, and the probe inserted, it struck the bare bone in the direction of the joint. The capsular ligament being divided parallel with the rim of the acetabulum, and thick, dirty, crumbly pus being wiped away, the joint was discovered extensively destroyed. The synovial membrane was mostly gone, or transformed into a pulpy substance, easily scraped off with the back of the knife. The ligamentum teres mostly destroyed, but still with some separated filaments connecting the head with the acetabulum.

The head of the femur was mostly denuded of its cartilage, of which here and there were a few detached patches adhering loosely to the bone. The head had altered its spherical shape to a conoid one. Its spongy substance was bare, vascular, and soft. There was the same destruction on the acetabulum, the floor of which had been eaten away by ulceration, so that a probe dipping in its ragged bottom struck immediately on the exterior surface of the pelvic fascia. The same condition of things, although not so far advanced, could be observed in the right joint. The capsular ligament in this was ulcerated in front, and the matter had commenced burrowing in the direction of the tendon of the ileo psoas-muscle. The ligamentum teres completely gone. The floor of the acetabulum deeply ulcerated, on one point very near its perforation. The cavity of the joint, besides pus, contained a quantity of coagulated lymph, which, spread somewhat in the shape of a membranous layer, intervened between the head and the acetabulum. The bony destruction mostly marked on the upper and outer circumference of the acetabulum.

Now this case is certainly very instructive for practical surgeons. Ulceration of the bones composing the left coxal articulation was known to exist. On the right side it was not detected at the last examination.—September 14, six weeks before death. I suppose that this jelly-like mass, intervening between the bones composing the joint, although they were bared of their cartilages, prevented the friction of their rough surfaces.

If, then, it is not the fault of the examination—and I think I used all proper circumspection, expecting to get this symptom; and Drs. Voss and Jacobi used equal care, and did not find it—the lesson conveyed would be *that there may be extensive ulceration of bone in the joint, and yet no crepitus.*

I will add here, that although the destruction is far greater on the left side, the crepitus was not very harsh, and the head of the bone, while rotating, had to be pushed firmly into the acetabulum to get it at all times.

Additional information which I get by this case, is this: *There may be very great destruction in the joint, and yet the local as well as the general symptoms may be very mild.*

You remember all I have said about the rapid improvement in the general condition of the patient, by the treatment adopted, the absence of pain, the ability of active articular motion while extension was kept up by the weights, the possibility to support the body to a very limited extent while Davis's splints were on, and how I was misled by all that to imagine the disease not at all of such a grave character, as the specimen in fact reveals it to have been.

Now I would ask any surgeon of ordinary experience and judgment, whether in looking at this condition of things he supposes it possible that the progress of the disease could have been arrested; and whether there can be a doubt in anybody's mind, if the actual state of affairs had been known, it would not have been imperative to cut down on the joint, and remove all such obstacles as interfere with the free discharge of matter and keep up a constant irritation—in one word, to resort to resection of the joint?

Many surgeons who do adopt this operation, do not consider the existence of bony crepitation or suppuration as fully establishing the indication to make it, when the general condition of the patient is still good, and I belonged to that class. This case teaches, how well the constitution may bear up against the local mischief, and yet the articular destruction be so great as to be almost beyond surgical help, as the perforation of the acetabulum demonstrates.

This specimen further shows that circumstances may occur where even probatory incisions fail to reveal the true condition of the joint. You would have undoubtedly opened the abscess behind and upwards of the trochanter major. But with your probe, or your finger, you would have found it impossible to get at the communication between the abscess and the joint. I, for one, am pretty much done following longer the teaching of those surgeons whose "conservative surgery" rather tends to conserve the disease than the patient; and I am convinced that the best conservative surgery is the one which, breaking away from the prejudice that disorganized joints—which, in fact, are no more joints—must be considered in any other light than abscess or necrosis in the diaphysis of the bones, to guide our surgical action, sacrifices a joint to save the patient and the limb.

Reports of Hospitals.

N. Y. STATE VOLUNTEER HOSPITAL.

SUCCESS OF THE TONIC AND STIMULATING PLAN OF TREATMENT.

For a year past, one of the three buildings constituting the New York Hospital has been appropriated to the sick and wounded Volunteers of the State. Until within the past two or three months it has been under the medical superintendence of Dr. C. R. AGNEW, assisted by Drs. McKee and Hogan. The Institution was then, to all intents and purposes, a distinct Hospital under the direction of the State authorities. Since, however, the resignation of Dr. Agnew, the Volunteer Hospital, as such, has ceased to exist, and the soldiers are now received by the New York Hospital according to special contract.

During the existence of this hospital, a large number of cases were treated, embracing principally measles, typhoid fever, pneumonia, and pericarditis. A record of the general practice of the institution as furnished by Dr. Hogan, the resident physician to the Hospital, is certainly of great interest to every practitioner of medicine, and serves to illustrate in a very marked degree the value of the supporting plan of treatment, even in those diseases characterized by severe inflammations.

The number of cases of measles was very considerable. The patients were generally admitted with the rash pretty well developed. The type of the disease was asthenic, and where pneumonia did not exist as a complication, bronchitis was generally present. In five of the cases purpura existed as a complication, coming on in each instance during the third day of the rash. The expectant treatment was followed out to the fullest extent, and generally at the end of a fortnight the patient was discharged cured. There were no fatal cases of this disease. The character of the eruption in every instance was well marked.

The cases of pneumonia were quite numerous, and were for the most part caused by exposure to cold and wet. This disease was received in almost every stage, from the very commencement of the initiatory symptoms to the full development of hepatization. It could not be ascertained that the type of the disease bore any relation to the vigor of the constitution, as it was in the main asthenic. The interesting point of the treatment consisted in the fact that not a single man of the whole number treated—about one hundred—was bled, generally or locally, and not one died of the disease. How strangely this practice, which

is now coming so much in vogue, contrasts with that of ten years ago, when the lancet was the first thing in the line of remedies that was thought of. The results could not have been better then than now. The treatment consisted mainly of very mild counter-irritation, with either dry cups, mustard, or iodine. The latter remedy proved to be very efficacious, especially in those cases where pleuritic pains were present. It was generally applied once a day. In two or three instances phthisis developed itself during convalescence, and in a short time terminated the patient's life. This tendency to the secondary development, so to speak, of phthisis, was also noticed in a marked degree in convalescent cases of rubeola. These patients, previous to the appearance of the eruptive disease, never had suffered from cough, from hæmoptysis, neither did they possess any hereditary right to phthisis.

The typhoid cases amounted to about one hundred and thirty. The disease as a whole was not of a very formidable character, two cases only proving fatal. Pneumonia, bronchitis, and also diarrhoea, were frequent complications. The first named complication existed in the two fatal cases referred to. Here, in the treatment of the disease, stimulants were used to their fullest extent of tolerance, and a suitable amount of nutritious diet was given at stated intervals. The stimulant which seemed to answer the purposes best was whiskey in doses of eight or sixteen ounces per diem, made into a milk-punch.

Sometimes patients were admitted with a fever which resembled the first stages of the true typhoid, and seemed to have been caused by exhaustion and fatigue. This lasted but three or four days, rest and good diet being all that was required for its cure. It seemed to possess the character of that fever generally known as ephemeral.

The cases of pericarditis were, with one exception, caused by rheumatism. There was a remarkable collection of these cases, amounting to about forty. The principal complication was pneumonia. There was one remarkable case of pericarditis, where the friction sound lasted almost for thirty consecutive days, there being only three days during that time in which the sound could not be perfectly recognised. There was also made out a murmur with the first sound, heard at the apex (mitral regurgitative), and a murmur at the base with the first sound over the situation of the aortic valves (aortic direct murmur). The case was also of the greatest interest in connexion with a point of treatment. The patient took an almost fabulous amount of whiskey, and for a week at a time had about twenty ounces a day. We hope in future to give the exact amount of the stimulant taken, besides a more minute history of the case. There have been no fatal cases, and in not one instance has mercury been prescribed. The treatment for the rheumatism was alkaline, consisting of a drachm of Rochelle salts every two or three hours, according to the severity of the symptoms. Opium was also occasionally administered and stimulants always. Locally, counter-irritation in the form of blisters, mustard, and iodine, was employed. Wet cups were very rarely used, but dry cups were quite frequently resorted to.

TEST FOR BRANDY.—An interesting experiment was made last week at the residence of the sub-prefect of Saintes. A chemist from Cognac demonstrated that he could, by means of a reactive, distinguish pure Cognac brandy from mixed spirit, and tell whether the latter was composed of spirits of wine, beet-root, or corn spirit. Various descriptions of brandy were given to the chemist for his experiment. By pouring a glass of his reactive into a bottle of each liquor he produced instantly a particular tint, which indicated the nature of the mixture. There were a number of wine merchants and distillers present, who were astonished at the accuracy of the experiment, which succeeded above a hundred times.—*Lancet*.

SNOW AND WATER.—According to the Meteorological Reports of Rev. Dr. Patterson twenty inches of snow are reckoned in Minnesota to make one of water.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, March 26, 1902.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

ERYSIPELAS OF HEAD AND FACE, WITH BRIGHT'S DISEASE, ETC.

DR. DRAPER presented a kidney, removed from a gentleman, æt. 65. Dr. D. was not able to give a complete history of the case, but could only refer to a few of the particulars. A year or two ago this gentleman had been seen by Dr. Clark, who discovered the existence of valvular disease of the heart, with hypertrophy. On the 18th instant he was seized with a chill, and on the day following the symptoms of erysipelatous inflammation about the face presented themselves. The disease, extending its limits, was accompanied with excessive prostration, and on Saturday the 22d, delirium set in and continued until his death on the Tuesday following, at 1 o'clock a.m. His urine was examined on several occasions previous to his death, and at no time was it found albuminous; no microscopical examination of the urine was made until the Monday preceding the attack of his last illness, when it was found to contain abundance of urates, with tubular casts of various sizes, and in various degrees of granular degeneration. The urine examined at this time was also found albuminous.

Autopsy.—The heart, kidneys, and a portion of the liver, were removed at the autopsy. The valves of the heart were more or less thickened; the pulmonary valves thickened at some points, and unusually thin at others. There were some atheromatous deposits in the aorta. The kidneys, much reduced in size, were found to contain microscopically an excessive amount of granular matter in the intertubular spaces; the tubuli from the cortical substance were filled with granular matter, and in none of them could any traces of healthy epithelium be found. The malpighian tufts were shrivelled, and their capsules thickened; and microscopic cysts were also visible. The pyramidal portion of the organ was in the same condition as the cortical portion. The liver was fatty, and the muscular fibres of the heart were extremely brittle, many of them presenting evidences of fatty degeneration.

The points of interest in the case were: the occurrence of erysipelas of the head and face in connexion with the disease of the kidney, and the absence of albumen in the urine previous to the last examination of that secretion.

DR. CLARK remarked that in April, 1859, he was asked to see this gentleman, and found him suffering from valvular disease, with moderate hypertrophy. He saw him also a year subsequently, and again two months before death, and at neither time was there any symptom present to excite the suspicion of Bright's disease. The examination, however, of the organ after death, showed pretty plainly that this disease of the kidney must have existed for a long time. The case, he thought, was one which illustrated the dependence of Bright's kidney upon cardiac disease as a cause, and also proved the fallacy of opinion in those writers who ascribe the existence of the contracted kidney to the abuse of alcoholic liquors—the patient being remarkably temperate.

A DERMATOPHYTE.

DR. LEWIS SMITH presented a specimen of a dermatophyte. This specimen was taken from a boy æt. 6, in the practice of Dr. Campbell. This boy had very good general health, but was inclining to a scrofulous state. A few weeks since, the mother noticed a red point on the inner aspect of the thigh, and a few days after a smaller spot about half an inch distant from the first. These spots gradually increased, and coalescing, formed a patch about an inch long by three-quarters of an inch in breadth. There was no destruction of the cuticle, no moisture, and the patch was little if at all elevated above the surrounding surface. The disease re-

sembled ring-worm. Little attention was given to it till the mother noticed this parasitic growth, when the physician was called. The growth resembled in shape, color, and size, a split pea. It is found to consist entirely of elongated cells, many of them free, but others arranged linearly, the cohering walls not being destroyed.

CHOLESTEATOMATOUS TUMOR.

DR. SMITH also presented a cholesteatomatous tumor which was sent to the Society by Dr. Husted of 42d street. It was removed by him from the anterior tibial region of a female patient, æt. 25. It had been nine years growing, was movable under the skin, and had never caused much inconvenience. It was removed by a simple incision. It was about two and a half inches in length, two inches in breadth, and one inch in thickness. It had a dense fibrous capsule. The substance within the capsule had very much the appearance of spermaceti. It was very brittle, and near the capsule there was a tendency to a laminated arrangement, but this was imperfect. The central portion of the tumor was softer than the external, but it had a pure, white lustre.

Examined under a microscope, this substance was found to consist, 1st, of numerous crystals of cholesterine; 2d, of tufts of margarine; 3d, of oil globules, some free, and others collected in clusters; 4th, of a large cell, transparent, and perfectly free from granular matter. It caused no refraction of light, and could in general be seen only in its outline. On careful examination, especially after the addition of ether, faint round or oval nuclei could be discovered in some of the cells, but not in all. The shape of these cells varies considerably, but the typical form is egg-shaped or oval. There is more oily matter in the centre of the tumor than near the capsule.

The Society then adjourned.

STATED MEETING, April 9, 1902.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

DIPHTHERITIC FALSE MEMBRANE.

DR. CLARK exhibited some specimens of false membrane that were thrown off from the throat of a child who died that morning. One of the tubes apparently extended from the larynx only to the bifurcation of the bronchial tubes, while the other specimen seemed to be the continuation of the tube from that point downwards. Dr. C. then gave the history:—One of these was raised after a struggle yesterday morning (Tuesday) at half past seven o'clock, the other without much effort at some time in the course of the afternoon. Considerable difficulty of breathing, rather paroxysmal than continuous, occurred during the time these membranes were in the throat, and at a later time when they were removed. The voice never cleared up in such a manner as to give us any hope that the disease had subsided, and in the course of the night the difficulty of breathing increased, and continued to do so, especially in paroxysms, until the following morning about seven or eight o'clock, when death took place. The question of tracheotomy was raised, but was objected to on the ground that the last portion of membrane discharged was broken off abruptly, leaving good reason to suppose that some still remained in the tubes lower down. It was very evident that the larynx was greatly obstructed, even after the removal of these two portions of membrane. The history of the case is not that which we usually see. Some time early last week, Dr. Timothy Cheesman observed upon the tonsils of this child some whitish dots, and hesitating for the moment whether it was membranous or the whitish material which usually forms in the follicles of the tonsils, he took no immediate steps with regard to it. Soon, however, observing that they were running together, he recognised the disease as diphtheria. There was not at any time swelling of the glands of the neck. This membrane ran together, and forming a coating upon the tonsils, exfoliated on Friday. On Saturday, I saw the child with him, and there was no membrane whatever upon the tonsils or any other portion of the fauces,

except a mere fragment, not much larger than a pin's head, that is to say in its superficial measurement, quite down to the end of the tonsil. I caught at that time a very good view of the epiglottis. There was no membrane upon it, and no membrane in the neighborhood of it, still there was hoarseness, and there was a little of the tracheal breathing, and we apprehended that the membrane was forming in the air passages. It went on to form steadily from that time until the exfoliation and removal, and then it is evident it was renewed after that, and the second membrane was the chief agent in destroying the child's life. The point that I wish to refer to as interesting is the complete exfoliation from the tonsils, and the subsidence of the inflammatory action in the tonsils before there was any marked evidence of membranous disease of the throat, leaving reason for a little time to hope that the disease had subsided, and would not enter the air passages. The character of the membrane microscopically is this:—Almost entirely a fine fibrillation, with the exception of a layer of pus that seems to have formed on its under surface. The disease seems to have been of a character to produce at first membrane, afterwards purulent effusion, and then again membrane.

POLYPUS FROM MEATUS AUDITORIUS.

DR. POST exhibited a polypus taken from the meatus auditorius of the ear of a man, thirty or forty years of age, which was remarkable for its size and firmness. The disease existed from early childhood, and the portion shown, about the size of a hazel nut, did not constitute the whole of the growth. It was removed by the scissors, and the patient was requested to call again, in order to have the operation completed. The precise point of attachment could not be ascertained.

OVARIAN CYST SUCCESSFULLY REMOVED.

DR. J. L. CAMPBELL by invitation presented an ovarian cyst removed from a lady in this city on the 3d of the previous month (April), by Dr. Washington L. Atlee of Philadelphia.

Mrs. —, aged 50, has enjoyed uniformly good health. Was married at 24, and is the mother of five children, the youngest being 13 years of age. Nothing worthy of remark occurred during any of her first periods of gestation, parturition, or lactation. Enlargement of lower portion of abdomen was first observed soon after the birth of her last child in March, 1849. The enlargement was symmetrical, and increased with almost uninterrupted uniformity up to a period of six months since, when the growth became more rapid. It was now exceedingly large and cumbersome. Patient still menstruates. The operation was made in the presence of a number of medical men in this city, and several from other parts of the state. The temperature of the room was kept about 80°. After inducing anaesthesia, an incision about two inches long was made in the line of the linea alba midway from the umbilicus to the pubes through all the tissues until the cyst presented, into which a large trocar was thrust, giving exit to *fifty-two pints of fluid*. The fluid was less viscid than the ordinary contents of ovarian cysts, and abounded in cholesterin; the tubular crystals of which glistened in the light, and as subsequently examined under the microscope appeared very beautiful. As the fluid escaped the abdominal walls collapsed, and were supported by the hands of the assistants.

By a dextrous use of the canula, a small portion of the sac was turned out of the abdominal opening. This was seized, and (there being no adhesions) the entire cyst was readily withdrawn after a slight prolongation of the incision. The peduncle was long, and about an inch and a half in thickness. It was secured by a silver clamp tightly screwed upon it. The sac was cut off about half an inch beyond the clamp, and the stump smeared with a solution of the persulphate of iron. Wire sutures were then passed through the tissues including the peritoneum, and the incision closed, leaving the stump projecting at its inferior extremity. Adhesive straps were then applied, and warm water dress-

ings, and the whole secured by flannel bandage. At no time during the operation was there any marked depression of the vital power. The cyst, it will be seen, is unilocular, arising from the left ovary. Several small cysts are seen in the region of the ovary. It varies in thickness from one to twelve lines, and is of a tough fibrous texture, capable of containing, as was stated, fifty-two pints of fluid. It weighs about two and a half pounds.

Vomiting occurred at irregular intervals for forty-eight hours after the operation, and it was necessary to use the catheter for three or four days. Opium *pro re nata* to induce rest and freedom from pain. The pulse never rose above 108. The clamp separated on the seventh day. The incision healed by first intention. The stump still requires dressing.*

Dr. HOLCOMB asked concerning the size of the trocar used. He had seen Dr. Sims in an operation for ovariectomy use one as large as a small vaginal speculum. In that case the clamp was tried, but its application was attended with so much difficulty that it was abandoned, and silver suture substituted. A second operation had since been rendered necessary.

Dr. OTIS stated that he was present at the second operation, but the adhesions of the sac were so extensive that the fluid was merely evacuated and the wound closed.

EPILEPSY FROM COMPOUND FRACTURE OF SKULL.

Dr. FINNELL exhibited a specimen, consisting of a portion of brain substance removed from a farmer aged 30 years, whose death was caused by epileptic convulsions. About five years ago he was thrown from his wagon, sustaining a compound fracture of the right parietal bone near the temporo-parietal suture. He was able to get up after the fall, and walk a distance of ten or twelve yards, when he became too faint to proceed further. A portion of brain substance was found upon the vehicle. An examination of the wound at the time disclosed fragments of depressed bone, and one of these, about half an inch in length, penetrated into the brain substance. All the loose portions were removed. The man made a good recovery, but about a year after the accident he was seized with an attack of epilepsy, followed at irregular and frequent intervals for a period of five years by other similar seizures. A portion of skull at the seat of the injury being depressed, he came to the city with a view of having that depression removed by an operation, and a possible cure of the epilepsy. Dr. Mott operated by trephining the patient, and removing a portion of bone. The patient refused to take chloroform, but when the bone was being sawn through he expressed himself free from any suffering of pain. When the scalp was touched, however, the pain was quite distressing. The operation was not completed many hours before convulsions came on, and continued until death took place. On post mortem examination, at the seat of the operation the membranes had become adherent. The depression in the brain substance was equal to about an inch, but there did not seem to have been any other noticeable change in the part. In a case reported to the Dublin Pathological Society, where a person died thirteen years after a similar injury, and was also subject to repeated attacks of epilepsy, the membranes at the seat of injury were found much thickened, and at one or two points calcification existed.

The Society then adjourned.

TO MAKE COD-LIVER OIL PALATABLE AND EASILY ASSIMILATED.—Dr. Alexander Wallace, of Dublin, after a series of experiments with reference to obtaining cod-liver-oil in the state of minute subdivision for purposes of easy assimilation and palatability, recommends that it be mixed either with wine of iron and glycerine, or with the aqua calcis. The syrup of the iodide of iron can also be used with advantage instead of the wine of iron.

* The stump has retracted and cicatrised (May 8th), and the patient is well. Dr. Aclie informs me that it was his seventy-third operation for this disease.

Progress of Medical Science.

PREPARED BY E. H. JANES, M.D.

FOREIGN BODIES IN THE TRACHEA.

Two cases are reported in the *British Medical Journal* of April 26th. The first, by Dr. John Armstrong of Gravesend, was a boy aged ten, having a bean in his mouth, set off to run with another boy, when the bean slipped down, and he appeared for a time as if he would be strangled. The symptoms subsided; and he ate, drank, and even sang, so that nothing was done. On the next day he was seized with difficulty of breathing, became greatly distressed, eyes prominent, countenance livid, pulse feeble and slow, and surface cold. While in this condition, laryngotomy was performed, which excited a violent fit of coughing, though the body was not expelled; the distressing symptoms, however, were greatly relieved. The evidence, however, of the presence of a foreign body was unmistakable, and, finally, with the assistance of Mr. T. B. Curling, the bean was removed piecemeal, partly with the ingenious forceps obtained from Messrs. Weiss, and partly by the coughing of the patient. The boy was then put to bed, tepid water dressing used, and diaphoretic mixture. The wound healed, the voice returned, and the boy recovered without any bad symptom.

The second case, reported by Dr. S. Monckton, of Maidstone, was that of a boy aged seven, who, on returning from school, swallowed—as he said—a nutshell, of which he soon after informed his mother. It caused no uneasiness, except a choking fit in the evening, till next morning, when he was seized with alarming symptoms of cough and suffocation and hurried off to the infirmary, having the appearance of a child in the last stage of croup, from which he rallied after two hours of rest, his breathing becoming quite natural. As no one had seen him swallow the nutshell there were some doubts as to whether the spasms might not have been of extrabronchial origin, and therefore tracheotomy was not performed. He remained in the hospital six weeks, suffering during the first three from a moderate attack of bronchitis. The boy gradually improved, until twenty-three weeks after the accident, when one evening he suddenly expectorated the nutshell without difficulty. It had the appearance of half the entire shell of a long libert, little changed except a slight rounding off of the broken edges.

TRAUMATIC TETANUS.

The *Lancet* publishes a case of traumatic tetanus successfully treated with opium and belladonna poultices, by Dr. S. Cartwright Reed. The patient was a lad of healthy appearance, aged 17, who was knocked down by a cart, a wheel grazing the side of his head, nearly tearing away the right ear, and fracturing the right maxilla at its symphysis. Notwithstanding a careful dressing of the wound gangrene supervened in twenty-four hours, which made it necessary to remove the ear, when a linseed poultice was applied and saline aperient administered. The wound progressed unfavorably, and on the third day tetanic symptoms began to show themselves. An aperient draught was ordered immediately, and linseed poultice with a drachm of opium powder applied to the wound. The next day belladonna mixed with glycerine was substituted for the poultice, and one grain of opium with two of calomel given at night. Slight improvement was soon apparent and the treatment continued, substituting mercurial ointment for the glycerine, and after the sixth day the tetanic spasm gradually disappeared and the boy rapidly recovered.

BLOODLESS REMOVAL OF PORTIONS OF THE TONGUE.

Dr. Alexander Simpson, of Edinburgh, succeeded in removing an epithelial ulcer of the tongue, situated near the root of that organ, where it would be difficult to apply the écraseur, by first passing a loop of platina-wire through the tongue towards its root, and below the epithelioma. A

stream of galvanism was then passed through the wire so as to render it red hot, and in this way a flap of considerable size was cut off the side of the tongue. The loop of wire was then applied round the base of this flap; but on attempting to tighten it the wire gave way, and its removal was effected by means of the *écraseur*. A liard nodule left in the side of the tongue was seized with a vulsellum, and surrounded with a loop of the galvano-caustic wire. The teeth of the instrument tore a little artery which began to spout. The wire through which the current was passing lighted up the cavity, showing the bleeding point, to which it was easily applied and the hæmorrhage arrested. Dr. S. has used the galvano-caustic wire in the removal of hæmorrhoids, etc. Its advantage over the *écraseur* is that it can be applied in situations where the latter is impracticable. The specimen was exhibited at the Medico-Chirurgical Society, and published in the *Edinburgh Medical Journal*.

NEW INSTRUMENT FOR VESICO-VAGINAL FISTULA.

Prolapse of the anterior wall of the bladder through the rent in the vaginal wall, greatly embarrassing the surgeon, is easily prevented by a little instrument invented by Dr. Henly Thorpe of Letterkenny, and presented to the Surgical Society of Ireland. It consists of a flat piece of wood of an elongated elliptical form, the short diameter corresponding to the diameter of the fistula, with a cord passed through near one end and fastened by a common knot. The plug is to be pushed into the bladder through the fistula, and so placed that the extremity through which the cord is passed shall be towards the urethra, and the longer end of the plug shall cover the fistula and lie upon the floor of the bladder beyond it. When traction is made by means of the cord downwards and forwards, the plug cannot escape through the fistula, but drags the floor of the bladder downwards towards the external parts, bringing the edges of the fistula into view, and into a favorable position for operating, all prolapse of the anterior wall of the bladder being rendered absolutely impossible. When the vivification of the edges is completed the plug is removed as easily as it has been inserted. Of course, the size of the plug must vary according to that of the fistula.

CAUSES OF FAILURE IN THE TREATMENT OF UTERINE ULCER.

The advantages of a careful diagnosis as conducive to successful treatment of the different forms of uterine ulcer are clearly set forth in a series of articles published in the *Lancet*, vol. ii., 1861, by Robert Ellis, Esq., Obstetric Surgeon, etc. The principal causes of failure in treatment are found to be, 1. Errors of diagnosis; 2. Errors of treatment; 3. Inefficiency of the means employed; 4. Neglect of accessory means; and 5. Imperfect cure of the ulcer. Malignant ulcer—true cancer of the cervix—has been mistaken for the simple sore, and treated with escharotics. The simple ulcer has also been mistaken for cancer. The indolent, diphtheritic, and fungous, has each in its turn been mistaken for the inflamed ulcer, and the patient submitted to repeated leechings and other antiphlogistic measures. Errors in treatment could not well be avoided from the want of previous experience, and the proper construction and use of the requisite instruments. The latter deficiency now no longer exists, and the different forms of uterine disease are now better understood, and true principles of cure are laid down. Yet the application of leeches to an indolent ulcer, on the one hand, and the administration of wine, quinine, etc., for the treatment of the inflamed ulcer, on the other hand, are errors of frequent occurrence. The selection of an escharotic inappropriate to the case under treatment, or a reliance on injections for the cure of any form of uterine ulcer, may each be set down as a frequent source of failure to cure. A fungous ulcer on an atheromatous basis, occupying both lips of the cervix uteri and reaching high up the canal, after being under treatment for three years, and cauterized with nitrate of silver upwards of one hundred times without deriving much benefit, soon yielded to a few resolute applications of the stronger caustics, followed by a thorough penetration of the canal by the

lunar caustic. So also will the weaker caustics be found inadequate to the cure of the inflamed, hypertrophied pus-secreting ulcer, which requires measures of sufficient penetration to substitute healthy for diseased action in the shortest time. For the melting down of a strong hypertrophy, the potassa fusa is applicable; the acid nitrate of mercury in certain states of the inflamed ulcer; the strong nitric acid saturated with nitrate of silver being both a powerful escharotic and astringent, is fit for the treatment of fungous ulcer. The nitrate of silver alone cannot be substituted for either of these more powerful caustics, though it is useful for milder cases, if firmly applied and allowed to lie for some seconds on the part affected. Inefficient use even of the most appropriate remedies may be a frequent cause of failure; the ropy discharge, if not carefully removed, will go far to neutralize their effects. Also neglect of applying the escharotic sufficiently high up in the canal is another cause of failure. To obviate the danger of fracture in using the stick of nitrate of silver, the author makes use of an instrument in which he has passed a platinum pin through a hollow cylinder of the caustic, rendering it impossible to be broken off. This can be passed, if desirable, even through the os internum. Though injections cannot be substituted for any of the above named remedies, yet as accessory means they constitute an important part of the treatment. The ordinary female syringe is, however, entirely too small to be of much service. In place of this an instrument known as the uterine douche is highly recommended. A due attention to the laws of hygiene should be also strictly enforced. It should also be the duty of the practitioner to see that the cure is thorough before discharging his patient, otherwise the relief derived is but temporary, and after the lapse of a year, or perhaps less, the whole malady has to be treated over again.

The following table presents a brief *resumé* of the subject:

VARIETY.	CHARACTERES.	TREATMENT.
1. Indolent ulcer.	Cervix hypertrophied, of a pale pink, and hard. Os patulous to a small extent. Ulcer of a rose red. Granulations large, flat, insensitive, and edge of the ulcer sharply defined. Discharge: mucus, with a little pus, and occasionally a drop of blood.	For a few times the caustic pencil. Afterwards several applications of solution of nitrate of silver in strongest nitric acid.
2. Inflamed ulcer.	Cervix tender, hard, a little hypertrophied, hot, and red. Vagina hot and tender. Ulcer of a vivid red. Granulations small and bleeding. A livid red border round the ulcer. Discharge: a mucous-pus, yellow and viscid, with frequently a drop of bright blood entangled in it.	Occasional leeching; hip-baths (warm); emollient injections. Then acid nitrate of mercury several times, succeeded by the solid lunar caustic, potassa fusa or cum calce.
3. Fungous ulcer.	Cervix soft, large, spongy to the touch. Os white open, so as to admit the finger. Ulcer large, pale, studded with large and friable granulations. Discharge: a glairy, brownish mucus, frequently deeply tinged with blood.	At first caustic pencil. Subsequently nit. acid solution of nitrate of silver, or acid nitrate of mercury; electric or actual cautery.
4. Senile ulcer.	Cervix small, red, a little hard. Ulcer small, extremely sensitive, of a bright red color. Granulations very small, red, and irritable. Discharge: a thin mucous-pus.	Potassa fusa, or strong nitric acid with nitrate of silver, once or twice at long intervals. Then solid sulphate of copper in pencil.
5. Diphtheritic ulcer.	Cervix of ordinary size; a little hot, dry, and tender. Ulcer covered in patches with a white membrane adhering closely; irritable, and readily bleeding beneath. Discharge: a thin, quantity, stimulant aspect mucus, without pus, but occasionally tinged with blood.	At first, electric cautery, potassa cum calce, or acid nitrate of mercury, two or three times at long intervals. No solid caustic. Subsequently, tincture of iodine, or sulphate of copper.

DR. R. H. GILBERT, Brigade-Surgeon, has been appointed Medical Purveyor at Fortress Monroe, in place of DR. SHELTON, who has been transferred to the charge of the Military Hospitals at Norfolk.

American Medical Times.

SATURDAY, MAY 31, 1862.

THE CLAIMS OF THE SANITARY COMMISSION.

THE Sanitary Commission has now been in existence about one year, and the manner in which it has adapted itself to the wants of our soldiers cannot but be appreciated by those who have kept track of its doings. Its labors commenced in anticipating the wants of the army that was to be placed upon the field, which it did on a scale fully in accordance with the magnitude of the result to be obtained. Since that time no efforts have been spared on the part of the commission to fulfil the grand and benevolent design for which it sprang into existence. That it is eminently fitted for the work that it has undertaken can be seen when we consider its peculiar organization; a truly expandable body, its power is, so to speak, unlimited. Reaching out as it does by means of the several inspectors over the whole extent of our battle-ground, and holding direct communication from distant points with our large cities, it naturally and quickly adapts itself to every exigency. We have had numerous illustrations of its promptitude on such occasions: Twenty-four hours before the affair at Fort Donelson, hundreds of boxes of hospital stores were sent with proper executive officers and agents, whose duty it was to see that everything should be properly distributed. The great confidence which has been placed in this body by the military authorities has enabled it thus to be prepared, and on the alert, to offer every aid which humanity and benevolence can suggest. The same confidential relations with these authorities have enabled it to follow the grand army of the Potomac, and minister to its many necessities; and when the order for an onward march was given the commission was selected to care for the sick and wounded that were to be left behind. This was gladly done, and within an exceedingly short space of time six thousand of our suffering soldiers have been removed from the unhealthy climate of the South to the salubrious air of our northern cities.

Although ostensibly an advisory body it is practically a benevolent organization, and is constantly giving at the rate of many thousands of articles daily. We are informed that from the central depot at Washington alone it has sent out to the number of 65,000 articles, embracing every necessity for the sick, from casks of wine to shirts and napkins. If we also consider that a proportionate amount of freight is sent by the other branches, we can easily conceive the number of the articles to be almost incalculable. With the progress of the war the demands upon the resources of this body are constantly augmenting, and though the medical bureau is in hearty sympathy with the work, and will doubtless do all in its power to cooperate with it, and has absolved it from all the various responsibilities that it hitherto has assumed in matters of camp inspection, etc., which is now provided for by the law reorganizing the medical department, it has still need for material aid. Its functions should and will be continued to the end of the war. As an exponent of the wishes of every one interested in the welfare of our army it has a strong claim on the

benevolence of the community. No one can appropriate his money to better advantage than by placing it in the hands of the authorized agents of this body. They, by a thoroughly systematic management, take care that everything reaches its place of destination, while on the other hand it is well known that the storehouse at Washington is filled with packages which, being sent by private enterprise, from misdirection or mismanagement, have missed their way.

More could not be asked than has been accomplished in the judicious distribution of every necessary for those who are really needy. These acts of beneficence, however, must not be cramped by any lack of donations, or any want of a cordial co-operation on the part of the community, in this their hour of need. No class of men can do more with particular communities in influencing their charitable motives than can the physician: thoroughly acquainted with the wants of the sick and wounded, he knows best how to touch the sympathies of the people, and direct them in their proper channel. He can do much to educate all with whom he is brought in contact into the necessity of lending their aid to so grand and comprehensive a charity. Some of those outside of our profession are keenly alive to the claims which the commission has upon them for help. The letter of Colonel Howland, of General McClellan's staff, in sending a donation of one thousand dollars, modestly but eloquently utters the sentiments which fill the souls of at least our volunteer officers. He says:—

"I have seen too many instances of the great good the Sanitary Commission is doing not to be grateful for its work, and at the same time anxious to help it in the only way I know how."

If the doings of the Sanitary Commission were fairly and truthfully set before the public, there would be very many who would be ready and willing to follow the noble example of the colonel.

NEW APPOINTMENTS AT THE "FACULTY OF MEDICINE," OF PARIS.

THE *Gazette des Hôpitaux*, for April 24th, announces two new appointments at the Faculty of Medicine: M. Rayer, to the Professorship of Comparative Medicine, and M. Robin, to the Professorship of Histology. The chairs to which these eminent *savans* are appointed are of new creation, and their necessity has been developed by the extensive labors, especially of M. Robin, in the special departments which are thus added to the curriculum of instruction. M. Rayer, already well known to the profession of all countries by his extensive researches in practical medicine, has for many years been engaged in the study of the morbid conditions, artificially produced, as well as naturally developed, in the lower animals, as compared with the human subject. M. Robin, the author of numerous works bearing on Histology, in its most external application, is not less known in the scientific world. It is not without interest and instruction, that we of the profession watch the progress of scientific improvement in the great centre of medicine. One would think that it could be not without influence upon the condition of medical science in our own country, that this progress is brought to the knowledge of those who should cherish and reveal scientific labors. It should stimulate our profession to jealously guard the position and privileges we enjoy as the result of unaided efforts;

for, as we never have received we fear we may never expect to receive, the encouragement and assistance which has made Paris the scientific centre of the world. As the medical profession maintains its dignity, not by any recognition by our government, but by its own exertions, we could not hope, without a change which is not likely to occur, to have any substantial official recognition of scientific labors. An irregular would be more likely to succeed in obtaining a chair in a Governmental Faculty, if we had an analogue to the French Faculty of Medicine with a sufficient pecuniary endowment, than to enter our Army Medical corps, to get a position in our hospitals which have been built up by the gratuitous labors of our profession. This want of legal protection to our profession is an effectual bar to the encouragement and rewards for scientific labors which are held out by other countries. The few extracts we venture to make from the report of the Minister of Public Instruction, etc., to the Emperor, shows the deep interest taken by the French Government in scientific improvement.

"Sire—Your Majesty watches with constant solicitude the progress of the institutions for public instruction. Among these institutions there is none which renders greater service, and which has acquired more legitimate renown, than the Faculty of Medicine of Paris. The force, the solidity, the extent of its teaching, corresponds to the eminence of the professors who have rendered its chairs illustrious, and who now occupy them with so much distinction. It receives in its midst a crowd of studious pupils, whom it sends forth, proud of the title which they have attained, rich in excellent instruction, and competent to fulfil in society the duties of their useful and noble profession. But, besides this, its reputation has extended beyond the boundaries of France, attracted from all quarters of the globe an annual concourse of students, who, already instructed in the universities of their country, come to complete their medical education in the active centre of labor and of science. The Faculty of Medicine of Paris owes this influence and this success to the efforts which it has employed at every epoch to place itself at the level of all scientific acquisitions. It will continue to progress in this path so fruitful, and the government of your Majesty will neglect nothing, that medical instruction may enlarge by reason of the new developments of science.

"Comparative medicine is one of the developments of modern science." * * *

The reporter then goes on to mention the necessity of the chairs of Comparative Medicine and Histology, and the claims of MM. Rayer and Robin, whom he recommends to be appointed.

"The creations which I solicit of your Majesty answer the real necessities of instruction and the actual state of science, and in realizing them the Emperor will manifest anew to the country the lively and powerful interest which he accords to the progress of public instruction." * * *

In addition to the appointment to the chair of Comparative Medicine, M. Rayer is made Dean of the Faculty in place of Baron Paul Dubois, who retires and is made honorary Dean. The editor of the "*Gazette*" expresses surprise that one with such numerous occupations as M. Rayer, and "arrived at an age when the necessity of repose has already made itself felt," should undertake these additional duties.

Charles Robin, the new Professor of Histology, is one of the most remarkable men of the age. His name is already familiar to us on this side of the Atlantic, but few know the extent of his scientific labors. For twenty years he has been engaged in the study of histology, and since 1847 has

produced besides numerous works, reported to scientific bodies, and published in periodicals a number of systematic treatises which are all regarded as authority on their various subjects. He has not yet, however, finished the crowning work of his life, which will soon appear, and will embrace the origin, development, natural decay, and morbid alterations of all the tissues of the body. To follow the various tissues from their first appearance to their perfect development, then to their final decay, and likewise through the morbid changes to which they are liable, is the stupendous labor which he entered upon twenty years ago, the result of which the world will soon see. None but those who have followed his private instruction are as yet in possession of his histological views, but to them the revelation has been like a new world, and Robin is the Bichat of our generation. Robin has not worked and does not work for any but his *confrères* in science; and the minuteness of detail, which is laborious for an ordinary student, teaches them how the great truths have been developed, and marks an example which the humblest worker may follow and contribute his store to the magnificent edifice of Science. It will be long before the "General and Pathological Anatomy" will be appreciated by the profession, and not before it has been well diluted by compilers; but its appearance will mark an era in medicine.

The larger works of Robin are the *Chimie Anatomique*, which he wrote in connexion with Verdil; the *Histoire Naturelle des Végétaux Parasites*; the *Microscope et Injections*, and *Nycteres' Dictionary*, edited by Littré and Robin, containing in Anatomy and Pathology many of Robin's views. His smaller monographs are very numerous, and of late years many have appeared in Séquard's *Journal of Physiology*.

After twenty years of scientific labor, Robin is not only Professor, but he has created the necessity for the establishment of the Chair which he only can fill.

THE WEEK.

SOME time since, it may be recollected, we called attention to an error in the last English edition of "Samuel Cooper's Dictionary of Surgery."

In the British Medical Journal of April 12th, Mr. J. E. Erichsen, the distinguished surgeon of London, published the following satisfactory explanation.

"*The First Ligature of the Internal Iliac Artery in the United States.*—SIR: In the last number of the *Journal*, under the heading of 'A Slight Error,' it is stated that I have, in the last edition of *Cooper's Surgical Dictionary*, attributed to 'Mr. Hudson of New York' instead of to 'Dr. S. P. White, formerly of Hudson, in the State of New York,' the merit of having first tied the internal iliac artery in the United States of America. The error is not mine but Mr. Cooper's. It occurs in the edition of 1838, from which the new issue of the *Dictionary* has been compiled, etc.

"I am, etc.,

"JOHN E. ERICHSEN."

"6 CAVENDISH PLACE, April 8, 1862."

We avail ourselves of this opportunity to correct a few other errors in relation to this important and difficult operation. Mons. Velpeau, the celebrated surgeon of Paris, in his valuable and elaborate work on surgery, attributes the operation in one place to Samuel White, and in another to M. P. White. Dr. Mott, in his notes, gives it correctly to Dr. S. P. White. Lecturers in our Medical Colleges, when alluding to the subject, have often spoken of it as the liga-

ture to the common iliac artery instead of the internal iliac artery. It is very curious that the error should have lain uncorrected for twenty-four years in Cooper's Surgical Dictionary, and it can only be accounted for on the ground that the American edition is principally used in the United States. It is strange, also, that the London edition should denominate it a "slight error." It ought not certainly to be considered in that light by the gentleman who really performed the operation.

ANOTHER charitable institution, the North Eastern Dispensary, situated at the corner of Lexington Ave. and 51st st., has lately been organized. The want of a Medical Charity in this portion of the city has long been felt, and now that it is in successful operation we have no doubt that the number of patients who will apply for advice will be very large.

WE are informed that during the month of June, the library of the late Dr. JOHN W. FRANCIS will be sold at auction by Bangs, Merwin & Co., 594 Broadway. The catalogue is very extensive, presenting a large collection of medical books and journals, and works on early American history.

CASES OF VAGINISMUS, WITH THE METHOD OF TREATMENT.

By J. MARION SIMS, M.D.

[Reprinted from the Bulletin of the N. Y. Academy of Medicine.]

IN May, 1857, I was called to see a lady, forty-five years of age, who, married at twenty, had been an invalid ever since. Menstruation, always painful, had just ceased. She had great irritability of the bladder, a sense of bearing down, and other symptoms of uterine derangement. But the most remarkable thing in her history was the fact that she had remained a virgin, notwithstanding a married state of a quarter of a century. Some two or three years after marriage, her physician discovered a sanguineous tubercle at the meatus urinarius, and removed it with the expectation of relieving her peculiar condition, but no benefit ensued. He then attempted to dilate the vagina with graduated bougies, which produced the most intolerable suffering without the slightest permanent improvement. She next consulted the most eminent physicians in the principal capitals of America, and visited London, Paris, and other European centres of learning, asking advice of leading surgeons, but no one could give a satisfactory solution of the case, or advised anything more than the bougie system, which had been already fruitlessly exhausted. Possessed of ample means, she and her husband had left nothing untried that promised the least hope of success. And thus many, many long years had passed when I was sent for, not to be consulted in respect to this peculiarity, which they had long since learned to look upon as incurable, but for the state of her general health.

I found her nervous system in a deplorable condition. It was exceedingly impressible, the slightest noise causing her intense pain. She was only able to walk across the room, but did not often venture even upon this, being confined for the most of the time to her couch, where she gave herself up to unceasing intellectual effort. Her mental tension and sedentary habits were supposed to be the cause of her great nervousness.

Amongst other means of diagnosis, I proposed a vaginal examination, which she assured me was impossible, then gave me the history already related. I attempted it, however, but failed completely. The slightest touch at the mouth of the vagina produced the most intense agony, throwing her nervous system into great agitation, with general muscular spasm and shivering of the whole frame

as if with the rigors of an intermittent, while she shrieked aloud, her eyes glaring wildly and tears rolling down her cheeks, all rendering her a pitiable object of terror and suffering. Notwithstanding all these outward involuntary evidences of physical commotion, she had moral fortitude enough to hold herself on the couch, imploring me meanwhile not to desist from my efforts while the least hope remained of finding out anything about her inexplicable condition. After pressing with all my strength for some minutes, I succeeded in introducing the index finger into the vagina up to the second joint, but no further. The resistance to the passage was so great and the vaginal contraction so firm as to deaden the sensation of the finger, and thus the examination revealed only an insuperable spasm of the sphincter vaginae. Whether the vagina was defectively developed or normal, I could not determine. I candidly told her husband that I knew nothing whatever about the case, that I had never seen or heard of anything like it, and that it would be quite presumptuous in me to hazard an opinion, or to hope to do anything for her, when they had consulted the ablest surgeons in the world without receiving the least information on the subject, and that I could promise nothing. However, I suggested the propriety of her going to New York for further investigation under anaesthesia. She accordingly did so, and I invited the late Dr. John W. Francis, Dr. Emmet of the Woman's Hospital, Professor Van Buren, and Dr. R. S. Kissam, to see her. The two last named gentlemen assumed the responsibility of the etherization, which was to me a matter of some anxiety, owing to her peculiar nervous organism. Previously to the anaesthesia, I attempted to make a vaginal examination, when the same train of symptoms was manifested as on the former occasion. But as soon as she was fully under the influence of the ether, greatly to my surprise, I found the mouth of the vagina completely relaxed and the vagina itself perfectly normal, not presenting the least deviation from health. It was not large, but certainly quite as well developed as it ought to be at her time of life, and under the circumstances. The uterus was retroverted, and there was a small polypoid excrescence about as large as a pea hanging from the os tincæ. This was removed, not with the expectation that it would have any influence upon her condition, but to prevent the risk of future growth.

The opinion that I gave on the case was this; that it was a spasmodic contraction of the sphincter vaginae, resulting from an irritable condition of the nerves of the part, which I could not explain. To the question whether it were possible to effect a cure, I replied that I did not know, for the books threw no light on the subject; but that the only rational treatment appeared to me to be surgical, *i. e.* dividing the muscles and nerves of the vulval opening. They seized on the idea, and insisted on the operation, which I declined to perform, on the ground that an untried process was not justifiable on one in her position in social life, the Hospital being the legitimate field for experimental observation.

I have related this case somewhat at length, to make it descriptive of the class which it represents, and I shall be glad if this learned body will allow me, in my own simple way, to continue the story of my own experience in the matter. I have nothing to say on the literature of the subject; I leave that to others.

The high intellectual endowments of this lady, her elegant culture and fine social position, as well as her long suffering, all conspired to make her case one of much thought and anxiety to me, and I could not easily dismiss it from my mind. I consulted authors, and found cases described by them of pruritis, hyperæsthesia, neuralgia, neurosis, artresia, etc. etc., all of which I had seen, but nowhere did I find any description of disease answering to the peculiarities of this case, which I naturally concluded to be unique and anomalous. But about fifteen months afterwards, Professor Pitcher of Detroit, Michigan, sent me another case, precisely similar, except that the lady had been married for two

years. She had the same instinctive dread of being touched, the same muscular contraction of the whole frame, etc., while it was utterly impossible to pass the finger into the vagina. As this lady's husband threatened to obtain a divorce, I looked upon her case as justifying the experiment. So, fully explaining to her our ignorance on the subject, I proposed a series of experimental incisions, etc. etc., to which she readily consented. Thinking the division of the irritable spasmodic outlet to be the only rational operative procedure, I at first divided only the edges of the hymeneal membrane on each side of the fourchette. No relief ensued. After waiting for the wounds to heal, I divided the parts again at the same points, extending the incisions deeply, however, through the mucous membrane, and through some of the fibres of the sphincter muscle. This was followed by some improvement; she could bear the introduction of one finger without great pain, and could even tolerate two, but with considerable suffering. I now saw that the hymen itself was the focus of the excessive sensibility, and proposed to cut it out entirely, and afterwards to repeat the lateral incisions as before, making them deeper, and rendering the dilation permanent by the use of a properly constructed vaginal dilator. By this time the mother of the lady had come to the very just conclusion that I was *experimenting* on her daughter. I told her that it was true, and attempted to explain to her the propriety of such a course when a lawsuit and divorce were in perspective. The mother, however, was inexorable, and unfortunately removed her daughter from my care. Nevertheless, her improvement was so great that I have no doubt of her fulfilling the relation of wife under some difficulties.

The experience gained by this case was of great value to me. A few weeks afterwards, singularly enough, another case fell into my hands—the wife of a clergyman, who had been married for six years. Sexual intercourse was impossible. Several surgeons had been consulted, without receiving any explanation of the case, and of course, without relief. On examination, I discovered a sanguineous, mucous, irritable tumor at the mouth of the meatus urinarius, and notwithstanding the experiments already related, persuaded myself that this tubercle was the cause of all the trouble. The tumor was removed and its seat cauterized. In due time, she returned home, but came back in a few days to report a persistent state of virginity. On a more minute examination, I found the case to be in all particulars precisely like those previously related, but not quite so intense in its manifestations. The slightest touch at the reduplication of the hymeneal membrane with a feather or a camel's hair pencil, produced as severe suffering as if she were cut with a knife.

While this lady was under treatment (April, 1859), a fourth case came under my observation. The lady* had been married three years. Sexual intercourse had been imperfectly accomplished a few times during the first few weeks after marriage. She innocently supposed that all women had to suffer as she did, and tried to bear it like a good Christian, but her sufferings were so intense that she at last looked with the greatest terror on the approaches of her husband, to whom she was devotedly attached. At her earnest entreaties, her husband, who was equally devoted to his wife, ceased all efforts at sexual intercourse, and they lived and loved as innocently as two little children. But at length the mother of the poor timid girl began to wonder why after three years of marriage her daughter, who seemed to be healthy, and who had a healthy, vigorous, young husband, had not become pregnant, and ventured to speak of her disappointment in not being advanced to the honorable title of grandmother. Upon this, the daughter hesitatingly explained the whole to the mother, who immediately brought her to me. I found precisely the same condition of things as already described.

Three weeks after this, my friend, Dr. Harris, of E. 30th st., New York, brought me another (the fifth) case. The patient had been married two and a half years, and, in consequence of her persistent virginity, her husband was truly

unhappy. I had now (June, 1859) three cases under observation at the same time. To cut short this long narrative, I will simply say that after many experiments and disappointments, all were perfectly cured in August, 1859.

(To be Continued.)

Correspondence.

HEALTH OF THE ARMY OF THE MISSISSIPPI.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Since I last wrote, our course has been winding and devious, long fatiguing marches, heavy night and guard duty, and working in the trenches and swamps about New Madrid and Island No. 10, and, finally, the whole command of Gen. Pope densely packed upon steamboats, went down to Fort Pillow to invest that place. After two days' labor we were mostly ordered back up the river to Hamburg, to aid Gen. Halleck in his attack upon Corinth. We were about six weeks in and about New Madrid, and before we left the men began to suffer with severe diarrhoea assuming a typhoid character, presenting many of the graver symptoms which were so fatal in Upper Missouri during the winter. But fortunately for the army we soon marched, and but few cases in the command proved fatal.

Of the primary amputations performed there after the battle I know several died before I left, and others were not progressing as well as could be hoped, though I do not think it was for lack of attention, as everything was provided for their comfort that could be had. I regard the fatality as caused by the serious character of the wounds, most of the injuries being produced by round shot and shell, producing such depression of the powers of life that reaction does not seem to fully re-establish itself. Such was the fact in the case of a Lieutenant-Colonel of the 47th Illinois, who had a leg torn off by a round shot at this place on Friday last. He was a stout, healthy, vigorous man; the leg was carried away below the knee, but he never rallied from the shock, though every means was used to save him. In our shipment from New Madrid, Missouri, up and down the river, we were greatly crowded and kept on steamboats nine or ten days. The consequence was that meals were irregular, sleep broken, and the whole command were heartily sick of a steamboat and glad to again set foot on shore.

From long confinement and irregularity diarrhoea became very severe, and for the first week I began to fear we were going to have serious trouble. But as soon as we began to advance and leave the Tennessee river, and the men could get their meals regularly, diarrhoea began to diminish. At the present time the command is encamped on high rolling or ridge land in timber, which affords good shade from the hot sun, and the health of the left wing is very good indeed, and constantly improving. I am unable to speak regarding that of the centre and right wing, only from what I heard a General say to-day regarding his own division in the centre. He stated the health of his men was good and every day improving, now they have got away from the river and the effluvia arising from the old battle-field. From the condition of our own command, and all circumstances combined, I judge that the health of this whole great army is very good, and every day getting better.

It is true that there are a good many sent back down the river to hospitals, and there are still some left at Pittsburgh and Hamburg landings; still to one long accustomed to see sick crowds and such an immense force together as is congregated here, I think the sickness very moderate, and we have every reason to congratulate ourselves on the present sanitary condition. Of one thing I am quite certain—let ours be called good or bad, I learn from reliable sources that that of the enemy is far worse; and in every place we have occupied of theirs they have left indubitable traces behind that disease and death have reaped a rich harvest.

The diseases most prevalent here are diarrhoea, some dysentery and intermittent fever, and also some conjunctivitis. The diarrhoea is most troublesome, though of a mild character, and but very few cases, as yet, have proved fatal. I notice one peculiarity about it, that it is attended with great languor and feeling of debility and prostration, and, as the boys say, "weak in the knees." This feeling is not dependent upon frequency of stools, as I know from experience, but I judge it is in proportion to the miasmatic influences upon the system. Those cases feel it most who are most susceptible to that impression, consequently quinine is freely used in its treatment. I have had occasion to use nearly all the remedies recommended, and of these I find opium stands at the head, and then one can combine it with bismuth, acetas plumbi, and tannin. In many cases rhubarb and soda combined act like a charm, and in others dilute sulph. acid seems to produce a like effect, and with continued diarrhoea Fowler's solution often acts admirably.

The wounded of the battle of Friday last, in which the enemy attacked our advance and finally retired, have mostly been sent to Hamburgh and shipped down the river. The severest cases are here as yet, and mostly doing well. We are daily expecting to have a general fight, yet I should not be surprised if it did not come off for even two weeks yet, but when it does come look out for hard work. It is said that doctors, nurses, and general supplies, are abundant at the river, having been sent out by the different states in anticipation of a great battle.

Yours truly,

CHARLES H. RAWSON,
Surgeon 3d Divis. Army Miss.

NEAR CORINTH, May 12, 1862.

COMPLIMENT TO A VOLUNTEER SURGEON.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I send you the accompanying correspondence between the medical staff stationed at Newport News, and the medical inspector at Fortress Monroe, by way of illustrating that the labors of the volunteer army surgeon are not always unappreciated. A few days before the action between the Monitor and Merrimac, Dr. Eisenlord was promoted to the charge of the brigade hospital at Newport News, and was on duty at the time the fight took place. The number of the wounded, and the character of their wounds, were such that the most untiring exertions were called for from all concerned in the care of the suffering ones. Among other capital operations eight or ten amputations were performed. I submit, sir, the following, which will speak for itself, premising that I am confident the compliment was well earned.

Yours, etc.,

SURGEON.

FORTRESS MONROE, VA., May 21, 1862.

CAMP BUTLER, NEWPORT NEWS, VA., March 10, 1862.

SIR:—Under circumstances with which you are well acquainted, we, the surgeons and assistant surgeons doing duty at this station, respectfully and very particularly recommend to your notice, Surgeon A. M. F. Eisenlord, of the 7th N. Y. Vols. We do so on account of the good services which he has rendered for the last two days (in the action between the Monitor and Merrimac), and also on account of the valuable assistance we have received during our arduous labors. It is but an act of justice to him and an advantage to ourselves, to lay these facts before you our medical director, etc.

Respectfully yours,

JOSEPH CURTIS, Brigade Surgeon.

DR. CHAS. GRAY, Surgeon 11th N. Y. Vols.

" L. McLEAN, " 2d " "

" H. B. WHITTEN, Assist. Surg., 2d N. Y. Vols.

" J. STEENBORG, " 1st " "

" JOHN HOWE, " 1st " "

To JOHN M. CUYLER, M.D., Surgeon U. S. Army, and
Medical Director, Fortress Monroe, Va.

HEAD QUARTERS, MEDICAL DEPARTMENT,
FORTRESS MONROE, VA., March 12, 1862.

DEAR DOCTOR:—I really rejoice to hear such good accounts of Surgeon Eisenlord. Please congratulate him for me, and say that the communication sent me by you has been presented to the commanding general, and I will send it to the surgeon-general of the State of New York. I take great pleasure and pride in doing justice to all.

Yours truly,

JOHN M. CUYLER, Ft. Monroe, Va.

To Brigade Surgeon JOSIAH CURTIS,
Newport News, Va.

Medical News.

SIR BENJAMIN BRODIE.—At a meeting of the Council of the Royal College of Surgeons of England, on the 5th inst., it was unanimously resolved that the following address should be forwarded to Sir Benjamin Brodie:—"The Council, in accepting the resignation of Sir Benjamin Collins Brodie, express their unfeigned regret at the loss of his services in maintaining at all times the dignity and efficiency of this College. At the same time, they desire to record their estimation of his high professional character, evinced by researches which have contributed to enlarge the boundaries of science, and enhanced by offering, in the course of a long and successful career, an example of conduct calculated by its adoption to elevate the surgical profession in the respect and esteem of society. The Council fervently trust that Sir Benjamin Brodie may long enjoy the well-earned fruits of his unblemished reputation, and the priceless satisfaction of having conscientiously discharged his duties. Caesar H. Hawkins, President. Royal College of Surgeons of England, May 5th, 1862."—*British Med. Jour.*

THE NORTH EASTERN DISPENSARY.—This new institution is now organized and in very successful operation. It is situated at the corner of Lexington avenue and 51st street. Dr. Alexander Hadden is the house physician, and Dr. F. A. Thomas the visiting physician. The following are the attending physicians: Drs. Geo. F. Shradly, E. H. Davis, Ellsworth Eliot, P. W. McDonnell, Seth Geer, H. M. Brush, Guido Furman, P. de Marmon, J. R. McGregor, Charles W. Packard, J. H. Hinton, J. L. Little. The dispensary is open daily from 9 A.M. to 4 P.M., and is destined to furnish medicine and advice to that portion of the city comprised between 6th Avenue, East River, and north of 40th street, so far as the Board may from time to time direct.

MURDER BY A LUNATIC.—An inquest was held at Mullingar, recently on the body of a lunatic named Cunningham, who was strangled by another inmate of the lunatic asylum. There were four in the same dormitory. The murderer, Sarrell, who had become very quiet, rose from his bed in the dead of the night, and stealthily approaching his companion while asleep, killed him almost instantaneously, and was attempting to do the same with another inmate, when the keeper's attention was aroused. The latter then became the object of a fierce attack, and the infuriated maniac was overpowered and secured with great difficulty.—*Lancet.*

THE SEX OF EGGS.—M. Genin, in a communication lately addressed to the Académie des Sciences on the subject of the sex of eggs, states that after a careful study of the subject for three years, he is convinced that those which contain the germ of the male have wrinkles on their smaller ends, while those which are to bring forth females have smooth extremities.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE PACIFIC.—The fourth commencement of this institution was held March 13th, 1862, and the degree of Doctor of Medicine was conferred on five candidates. The daily attendance on lectures is reported to be twice as large as ever before.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 19th to the 26th day of May, 1892.

Deaths.—Men, 57; women, 99; boys, 116; girls, 102—total, 404. Adults, 186; children, 218; males, 308; females, 301; colored, 10. Infants under two years of age, 145. Children reported of native parents, 28; foreign, 160.

Among the causes of death we notice:—Apoplexy, 7; infantile convulsions, 20; croup, 15; diphtheria, 4; scarlet fever, 31; typhus and typhoid fever, 10; consumption, 68; small-pox, 7; dropsy of head, 9; infantile marasmus, 19; diarrhoea and dysentery, 7; inflammation of brain, 13; of bowels, 9; of lungs, 28; bronchitis, 9; congestion of brain, 19; of lungs, 5; erysipelas, 6; whooping cough, 5; measles, 1. 283 deaths occurred from acute diseases, and 37 from violent causes. 279 were native, and 126 foreign; of whom 76 came from Ireland; 91 died in the City Charities; of whom 14 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

May, 1892	Barometer.		Temperature.			Difference of dry and wet bulb, Therm.		Wind.	Mean amount of cloud.	Humidity Saturation, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	.	.	.	.	.
18th.	29.80	.94	70	63	78	8	11	NE to SE.	4	600
19th.	29.70	.90	66	57	80	7	11	N. to NW	6	620
20th.	29.94	1.10	60	50	70	7	11	N. W. to S.	8	640
21st.	29.97	.07	58	49	54	4	5	N.E. to S.E.	10	810
22d.	30.00	.04	70	63	81	8	18	S. W.	3	600
23d.	30.00	.04	72	60	83	9	11	SW. to NW	9	590
24th.	30.10	.10	59	46	70	8	10	N. to S.	9	583

REMARKS.—18th, Cloudy, P.M., with fresh wind. 19th, Variable day, with fresh wind, P.M.; very light rain at ten A.M. 20th, Fresh wind A.M., cloudy P.M. 21st, Light rain early A.M. and P.M.; fog at sunset; lightning late P.M. 22d, Thunder, lightning, and rain at 8 A.M.; sultry day; clear, with fresh wind, evening. 23d, Sultry; tempest with rain at 4 P.M.; much more rain fell north and south of 7th Ward, than at the place of these observations; evening, clear and pleasant. 24th, Day mostly clear; wind fresh, P.M.

MEDICAL DIARY OF THE WEEK.

Monday, June 2.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M.
Tuesday, June 3.	{ BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M.
Wednesday, June 4.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1a. Hoc., half-past 1 P.M. Dr. Flint, 1a. Hoc., 3 P.M. EYE INFIRMARY, 12 M. NEW YORK ACADEMY OF MEDICINE, 8 P.M.
Thursday, June 5.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, June 6.	{ EYE INFIRMARY, 12 M. BELLEVUE HOSPITAL, Dr. McCready, half-past 1 P.M. NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M.
Saturday, June 7.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

NEW YORK SANITARY ASSOCIATION.—A *Stated Monthly Meeting* of this Association will be held at 8 P.M., Thursday, June 5th, at Room No. 19, Cooper Institute. DR. LASSING will present, preliminary to the resuming of the discussion of the subject which was laid over at the last meeting, "A description of a Plan for the Control and Suppression of Venereal Disease." Friends of members are respectfully invited to attend.

NEW YORK COUNTY MEDICAL SOCIETY.—The *Stated Monthly Meeting* of this Society will be held at the College of Physicians and Surgeons, cor. Fourth Avenue, and Twenty-third street, on Monday next, June 2d, at 8 o'clock P.M. Scientific communications and discussions expected. The profession are respectfully invited to attend.

NEW YORK ACADEMY OF MEDICINE.—DR. A. CLARK will continue his remarks on "Albuminuria" on Wednesday Evening, June 4th.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, May 10, 1892.

An Army Medical Board will assemble

in Washington, D. C., on the 1st of June next, for the examination of applicants for admission into the Medical Corps of the Army. In addition to the ordinary requirements of moral character, medical and surgical knowledge, good academic education, and sound physical condition, the applicants must be familiar with the principles of hygiene and the conditions necessary to the health of the troops in hospitals, camps, and transports.

Applications must be addressed to the Secretary of War, through the Surgeon-General; must state the residence of the applicant, and the date and place of his birth. They must also be accompanied (references will receive no attention) by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff.

Applicants must be between *twenty-one* and *twenty-eight* years of age. No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment; but those who are approved and receive appointments will be entitled to transportation on obeying their first order.

There are now, and soon will occur, several vacancies in the Medical Staff.

DR. ELISHA HARRIS

HAS REMOVED TO

No. 43 EAST TWENTY-THIRD STREET,

Between Fourth Avenue and Madison Square.

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HAS REMOVED HIS OFFICE TO

125 WAVERLEY PLACE.

DR. JULIUS HOMBERGER,

Speciality: Diseases of the Eye,

has removed to

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" 5—6 P.M.

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Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.
References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

To Physicians.—For Sale: a large

county and village practice with a half interest in a drug house, in Greene, Chenango Co., N. Y. For particulars inquire of M. M. Wood, Greene, Chenango Co., N. Y.

THE FIRST NUMBER OF THE
American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.

WILL BE OUT IN THE COURSE OF THIS MONTH.

CONTENTS.

On Diphtheritis of the Conjunctiva. By Dr. Graefe.

On Strabismus Concomitans. By the Editor.

The Universal Society of Ophthalmology.

Journalistic Reports.

Paris Correspondence, etc., etc.

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The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis*, *Whites*, *Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

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Original Lectures.

COURSE OF LECTURES

OR

DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.

SESSION 1860-61.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE IX.—PART I.

INFANTILE life is remarkable both for its number and variety of cutaneous affections. Even foetal life is not exempt; partial absence of cutis, anomalies in its formation (naevi), and the results of plastic inflammation to such an extent as to render atrophic, and even amputate limbs, beside others, are not at all unusual. The first period of infancy develops a number of cutaneous affections, the first predisposition of which has been given in the development of the skin during foetal life, viz. ichthyosis, prurigo, and syphilides. Induration of the cellular tissue, oftentimes depending on refrigeration of the skin soon after birth, sugillations resulting from difficult deliveries, and the results of insect bites, belong to the earliest age.

Erythematous inflammations of the surface, and more general inflammations of the cutis complicated with more or less deep erosions—intertrigo—are frequent occurrences in infancy. They belong mostly to such infants as are wanting in cleanliness, especially those in whom urine and feces are allowed to remain in contact with the skin, while at a more advanced age the development of large quantities of fat in the subcutaneous tissue, frequently combined with scrofulous tendencies, and anomalies in the nature of intestinal excretions, are more frequently attended with such a result. Uncommonly high color of the newborn—erythrasia—is sometimes seen after too protracted a labor, and pressure on the infantile cutis, or resulting from warmth of the first baths. Erysipelatous inflammations of the skin, obstructions and inflammations of the sebaceous follicles—furuncles—are sometimes primary, sometimes secondary results of either inflammation and suppuration of the umbilical vein, or pyæmia of the mother, or traumatic injuries. The sebaceous follicles particularly give rise to trouble in this early age. Being excessively active, and most abundant on the scalp, the secreted tallow, mixed with epidermoidal scales and extraneous matter, forms what has frequently been called an eruption—seborrhœa. Miliaria is frequently seen on infants during summer, after warm baths, in hot rooms and bedding (prickly heat). Strophulus, papulous erythema, local pityriasis, nettle rash, roseola, eczema, and impetigo, are frequent occurrences both in infancy and childhood. Herpes is occasionally observed, especially in the course of acute febrile diseases; fevers, gangrene, itch, are sometimes seen from persistent want of cleanliness; prurigo, psoriasis, lupus, and carcinoma are rare, but occasional, exceptions.

Many of the cutaneous affections, more or less common to all ages and either sex, have not been mentioned here, but enough has been said to prove the frequent occurrence of both severe and mild forms of diseases in the infantile skin. It is but natural that it should be so. For there is no organ of the infantile body which, after having been protected from external influences during foetal life, is so suddenly called to unaccustomed action and unwonted external influences and injuries, as the skin. A fine illustration of this fact is given by what has been called jaundice of the newborn. The sudden change in the circulation of the newly born, and the irritation produced by the influence of the atmosphere, and the consequent injection

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of the vessels of the surface, give rise to the high red color of the cutis so commonly seen during the first short period of infantile life. Transudation of hæmatine will usually take place; the amount of which, and the locality of its deposits, and the normal physiological transformations (so well observed in erosions, sugillations, and hæmorrhage from any cause), determine the greenish yellow color of the skin and sclerotica of infants after the third or fourth day. Thus this spurious jaundice has given rise to the impression in the eyes of many who do not know, or have not seen, the dangerous symptom of icterus attending inflammation of the umbilical blood-vessels and pyæmia, that jaundice of the newborn is an almost necessary, and always innocent disease. In the majority of cases they are right, certainly; for this majority are discolorations of the surface brought on by the physiological transformation of the composition and color of transuded blood, and require no treatment nor particular care, while those fortunately not very frequent cases of real icterus resist every treatment and care.

I may state here at once that hyperæmia of the cutis is the principal cause, nay the only one, of a large number of different forms of cutaneous diseases. This condition partially depends on increased action of the heart and arterial pressure, partially on lessened function of the centre of circulation, and venous obstruction. Hyperæmia of the skin may be local or general, slight or considerable. Therefore it is, that the same cause, according either to its mild or severe character, or individual impressibility, or its seat in superficial or deeper layers, may give rise to different forms of exanthems. It is, in accordance with this, a peculiarity of the infantile organism, that the character of diseases generally is in a large measure determined by the liability to hyperæmia, local processes depending on hyperæmia and exudation being greatly more numerous than in advanced life. Therefore it also happens that many cutaneous diseases, although we do not know of many exclusively peculiar to infantile age, afford quite a different appearance, and exhibit a different course from what is observed in the same form of disease in the adult.

I have said that the same cause may produce different forms known by different names in the textbooks, and that this difference of appearance depends mostly on the seat of the pathological process—hyperæmia, or exudation—and individuality. Common to all these, however, and particularly those of the first class (hyperæmia), is this symptom, that the high color of the integument is instantly removed by gentle pressure, and restored on the pressure being relieved; while hæmorrhage will not, or but little, change its color, nor exudation lose its painfulness, or swelling, or yellowish appearance, or superficial desquamation, either in larger flaps or small scales.

The causes alluded to are almost universally laid down, as high temperature, moisture, local or general irritants, mechanical injuries, etc. The process resulting from such causes consists of relaxation of the tissue, and consecutive dilatation of the blood-vessels. Thus, it is explained, that hyperæmia is the first symptom of almost all both the acute and chronic exanthems, before exudation takes place. And it is further explained, why, with the impressibility of the infantile cutis, almost all the acute and febrile diseases of infantile organism, in any of its parts, is ready to go along with some of the outward forms of consecutive local hyperæmia of the skin. The injected condition of the cheeks in pneumonia and acute diseases of the respiratory organs in general, is one of the proofs for it. Exanthematic typhus owes its name to the occurrence of local hyperæmias, either superficial and inoculated, or papular in consequence of exudation. The same is observed in cholera typhoid. Erythema is frequently seen in diseases of the brain, and affections of the stomach and intestinal tract are frequently complicated with urticaria. All these forms, because of their dependency on an internal cause, have been called symptomatic, while those in which the local process can be traced to a direct and immediate in-

fluence, have been baptized as idiopathic. Thus medical terminology and memory have been inundated by a large number of superfluous and bewildering, though exceedingly learned, names. I say so, because I do not believe in the retaining of such names, as for instance, erythema caloricum, erythema solare, erythema venenale, erythema traumaticum, when it is fully sufficient, and equally as scientific, both to know and to state, that the simple form of cutaneous hyperæmia, which we find convenient to call erythema to distinguish it from other forms, may be produced by *calor*, warmth, *sol*, sun, *venenum*, poison, and *trauma*, wound.

Since the time of Dr. Simon, of Berlin, whose clear understanding and studious habits the world prematurely had to bury within the gates of a lunatic asylum, all the forms of exanthems depending on either hyperæmia alone, or exudation, have been comprehended by the term of dermatitis—inflammation of the skin. Although this term may not appear to be appropriate to all cases, it is certainly true, that by following his example the terminology of cutaneous diseases otherwise so complicated and embarrassing has been greatly simplified. Thus erythema, erysipelas, herpes, urticaria, eczema, impetigo, lichen and strophulus, and prurigo, are easily recognised in their anatomical and physiological differences and similarities, in some simple hyperæmia, in some exudation either in or upon the cutis, being the prevailing element. A schematic exposition of the above views is readily understood in the following classification:

- Erythema*. Superficial acute dermatitis. Without formation of vesicles. Uniform.
- Erysipelas*. General acute dermatitis. With formation of blisters. Uniform.
- Herpes*. Superficial acute dermatitis. With formation of vesicles. Location limited. Typical course.
- Urticaria*. Superficial acute dermatitis. With formation of papule.
- Eczema*. Superficial acute dermatitis. With formation of vesicles. Diffuse. No typical course.
- Impetigo*. Superficial acute dermatitis. With formation of pustule. Copious development of young cells.
- Lichen* (strophulus). Acute dermatitis. With formation of conical noduli, mostly in groups.
- Prurigo*. Acute dermatitis. With formation dispersed in groups, small and flat, and itching noduli.
- Roseola*. Superficial acute dermatitis. With formation dispersed.

These forms of cutaneous eruptions are, more or less, those which are by very many authors, and the public generally, attributed to the influence of dentition. To judge of the truth of such assumptions, we shall be enabled by either the affirmative or negative answer to a number of distinct questions. The nature of these answers will show if there is, in our case, any truth for the "*post hoc*," or rather "*cum hoc*," "*ergo propter hoc*." These questions are these: Is there, between the protrusion of a tooth, and the appearance of the above mentioned cutaneous eruptions, a mere coincidence, or a direct causality? Will these eruptions show themselves with the swelling of the gums? Will they disappear with or after the final protrusion of a tooth or a group of teeth? Will they return with a renewed attempt of another tooth, or group of teeth, to break through the gums? If there is a correlation, which is it?

The nature and etiology of those eruptions will finally help in deciding the above questions.

SURGEON WILLIAM S. KING, long Medical Director of General Banks's corps, has been detached and placed in charge of hospitals in Philadelphia.

THE Homœopaths have a hospital in Washington, and are calling loudly for donations and contributions. It is to be hoped that its patrons will not contribute according to the homœopathic principle—that the higher the dilution the more potent the remedy!

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

THE term, Bright's Disease, it is said, is generally used by the profession, to designate diseases which are essentially different in character. With this proposition, which has been authorized by good pathologists, I am disposed to take issue. I do not believe that the different conditions of the kidney indicate diseases which are really different in their character. It is the custom now to write and speak of this affection as presenting itself in two quite distinct forms: the *large white kidney* and the *small contracted kidney*. Both these forms were recognised and described by Bright himself. Wilks (Guy's Hospital Reports, vol. viii., p. 233, 2d Series) made this distinction the basis of his classification, adding three other forms. One which he denominates the "*coarse kidney*;" another in which he finds fibrous tissue in excess, but in which there is no contraction; and a third which he calls the "*simple fatty degeneration*," but says at the same time, that it has nothing to do with Bright's disease. Now, Sir, with reference to this matter, it seems to me that the large white kidney, which is exceedingly well characterized in its appearance, and which has its own particular symptoms, is, after all, but the result of a diseased action, which, by a little modification, can produce the small and contracted kidney, and that Wilks's additions are intermediate forms, and really the preparations in the kidney for one or other of these two characteristic conditions. I suppose it is proper to say, that Dr. Bright himself, in the paper which he published in *Guy's Hospital Reports*, in the year 1836, page 381, while he seems to prefer the opinion that these different forms are really different stages of one disease, still holds the following language: "There may, however, be some reason to doubt whether the different states of the organ are not rather evidence of modifications in the diseased action, than correct indications of the duration of the disease." That, I believe, is the true view, Sir.

With reference to the different forms of the disease, the Academy may get some definite ideas of what I mean by some very accurate drawings which were specially made for me some years ago. This is the large white kidney of Wilks and Goodfellow, and here is another of the same character. The upper one of these two represents the contracted kidney, while the under one shows an intermediate state, not the contracted, lobulated, or "*hob-nailed*" kidney like the one above it. Here are the external and sectional views of two which are white but not enlarged; and here are three which are neither white nor enlarged, but yet are seriously diseased. That, for example, looks like a healthy kidney to the naked eye; it is, however, a diseased organ. This one would hardly be regarded as a diseased kidney, and yet it was one which gave albumen during life and produced death. This one is the horse-shoe kidney, formed by an isthmus of kidney structure across the spinal column which unites the two kidneys into one organ. The weight of these united organs is not quite equal to that of two healthy kidneys. I have had the section of the isthmus represented in order to show that it is true kidney or secreting structure. The color was unusual, an olive or greenish slate; it was studded with brown and dark grains of hæmatoidine. One portion of the double kidney is represented as unopened, the other as opened. Both parts were studded with very minute pits. Albumen had been noticed in the urine for a considerable time previous to death. The patient had cedema. It is of the fibrinous or small variety, although it is not markedly diminished in size.

I will not at present enter upon the minute anatomy of these two forms, the contracted, or small or fibrous, and the large soft or white kidney, but will reserve it for a

future period, perhaps a future evening. My aim at this moment is merely to state that while we have these two apparently very distinct forms, and while one, as will be seen before we get far on, is attended by particular symptoms, so that it can be recognised, and the other as frequently is not recognised at all, or only in its last stage, they are yet substantially the result of the same diseased action; and that the intermediate conditions that have been called waxy and the firm kidney, etc., where there is no change in size, are really the result of the same kind of disease, in some going on towards the large white kidney, and in others tending to become the contracted kidney. It is true that waxy kidney is spoken of in connexion with albuminuria, but out of a record of thirty microscopical examinations of kidneys affected with Bright's disease, preserved in this book, only one could be regarded as having undergone the waxy degeneration in any degree. Indeed, in this the cells had not undergone the waxy transformation at all. It was a fibrous kidney with a waxy appearance of the fibres. I have seen the true waxy kidney, but its occurrence is exceedingly rare, and at present it may properly be questioned whether albuminous urine is one of its symptoms, or whether it has any more affinities to the disease we are considering than a cancerous or tuberculous kidney has. Kidneys often have a waxy appearance without having undergone in the slightest degree the true waxy degeneration. This is often seen in the firm fibrous kidney. The fatty kidney is spoken of, and it is made into a class by itself. The propriety of making a section for the fatty kidney seems to me, to be, at least, questionable. I do not believe that there is any such degeneration in the kidney or any part of the body that is not a mere accident, that is not the result of a certain diseased action that should have another name. In the cases that I have here recorded, thirty in number, some of the kidneys that were most diseased did not contain one particle more of oil than in health; while in other cases, where the disease was considerable, the oil existed in great abundance, and in two or three instances where the kidneys were not materially changed in size and where the disease was of short duration, there was still a large amount of fat in the organ; and in these instances there were abundant evidences that there had been congestion of a very marked character, so marked that where the kidney was left to drain without being permitted to dry (by being wrapt in oil-silk), in one instance the weight was diminished one and a half ounces, in another instance three, and in another two. I look on the fatty degeneration as the result partly of the diseased action which in one instance will produce the large white kidney, and in another the contracted or "hob-nailed" kidney, as the case may be, and partly of a general condition of the system which favors fatty deposits in other organs as well as in the kidneys. As, however, it does not appear to exercise any unfavorable influences on the function of the organ, except where it is extreme (i. e. fatty degeneration), it seems to me better to throw it out of the classification and consider it as an accident.

Passing from this topic, we shall take up the consideration of the frequency of Bright's diseases of the kidney, in which a great deal of its importance is to be found. There is an impression now that the disease is growing more frequent, especially among those who are turning their attention to the subject. I have thought that it might be of sufficient interest to the members of the Academy, to note what Dr. Bright said of its frequency at the time he first observed the disease, as this will show that the supposed increase is only apparent. In the paper before alluded to, he remarks, that the importance of this subject grows upon him as he studies it, and that he has been able to make, for the most part himself, one hundred post-mortem examinations, in a limited time; that he finds in each of the Hospitals of London there are hardly ever less than twenty cases at a time, and believes that at any time forty cases may be found in Guy's Hospital alone. Further on he says, that to instruct himself upon this point, he examined the urine of

one hundred and thirty patients in his wards in the hospital, without reference to the nature of their diseases, and that he found out of these hundred and thirty that eighteen had a considerable quantity of albumen in their urine, and that twelve more had an appreciable quantity, and he reckons that in those wards at that time there were from one-sixth to one-fourth of all the cases that had albuminuria, and more or less of kidney diseases. Similar remarks to the end that the disease was found in very considerable amount can be found in Christison, Rayer, and indeed in every writer who paid particular attention to it early. We now see nothing more than they saw. Ten years ago I was able to point out to the students at Bellevue Hospital in one single day fifteen well marked cases of albuminuria, and to give the histories of each of them on successive days.—At this moment in the hospital among sixty-seven male patients there are five well marked cases, and no search has been made into the condition of those in whom the symptoms are not marked or obtrusive. These remarks tend to two points—one I have already stated, and the other is to show us how important the disease is and how frequently it may exist in the practice of every physician. I may now add that any physician in private and public practice, who seeks for the disease, will find it a great many times where he does not suspect it.

(To be Continued.)

ON THE IMPROVEMENT OF THE CONDITION OF THE INSANE.

By JOHN B. CHAPIN, M.D.,

BRIGHAM HALL, CANANDAIGUA, N. Y.

It is a reasonable presumption when the Committee of the Legislature which reported the bill for the creation of the State Lunatic Asylum expressed the conviction that the State should erect "hospitals adequate in number and extent to accommodate all our insane," they announced what they believed ought to be, and would become, its policy in after years. To what extent these expectations have been realized, and wherein laws, which were enacted to subserve the important interests of the insane, as was supposed, have been shown in practice to be ineffective for this purpose, we have endeavored in a previous number to point out. It remains then to inquire, as we proposed, what plans and suggestions for the improvement of the condition of the insane experience and practice may devise. In doing so we must never lose sight of the fact, that insanity is a condition of disease susceptible of treatment, cure, and amelioration. In dealing with it otherwise, ignorance of its nature at once begets the irregularities which go to make up the abuses of the insane.

The defects which are most apparent, and out of which the evils of the present system of caring for the insane mostly grow, are:—

1st. The existence of a Statute under which patients may be transferred from the State Lunatic Asylum and placed in the county poor-houses at the expiration of a certain period of their residence there, notwithstanding recovery has not taken place.

In a previous article it was remarked that the fear of impairing the usefulness of the State Asylum, by overcrowding, induced such a modification of the law as to provide for the discharge of indigent patients after a certain lapse of time. The institution did become crowded very soon after completion. The State was exceedingly tardy in making any provision for its insane, indeed, behind Ohio, and other States second to it in resources and population. It could hardly be expected that a single hospital would be able to accommodate the insane of a populous and rapidly-growing State. Why, then, should legislation on this subject have reference to a hospital of fixed proportions, and universally conceded to be large enough, in the hope that some plan might thus be devised to cause it to answer all future purposes? Yet, strange as it may seem, all the legislation which has been had to

provide more generally for the insane, has been the passage of the amendment, heretofore alluded to, which virtually permits one insane person to be removed from the State hospital for the purpose of receiving another. Of a given number of recent cases the majority will recover. Let us, however, suppose the case of a patient of the pauper or indigent class admitted into the State Asylum. He passes through the acute stage of disease, and is left with his mental faculties impaired. He becomes industrious and useful about a farm. He occupies a quiet ward, and under the regular operations of the institution is in a comfortable state of mind. Yet, in due course of time, or at the expiration of his allotted term, he is removed to a county house—a building without a single arrangement or association to conduce to his comfort and care, and utterly repugnant to his feelings. Others, who are violent or helpless—and of all classes they most require those humane regulations which intelligence and science devise—pass their allotted ordeal and fall to the county officers, as incurables again, to provide for. They are sent to the county poor-house where the insane are provided for without classification, and with such restraints as will reduce the amount of attendance to the least degree. One result of this practice is, that county officers, finding themselves obliged to care for a certain number of insane persons of the incurable class, at length venture upon the reception into the poor-houses of acute cases. Another result is the legalization of these receptacles for the care of the insane, thus threatening to undermine the humane policy of earlier years. A system, which takes care of the insane person during the acute stage of his disease, and virtually turns him out of an asylum incurable and helpless, is not a comprehensive one, fails to answer a desired end, and requires amendment. Are we not warranted in asking that this be brought about, and that all laws causing or permitting a patient at the public charge to be discharged from the State Asylum before recovery has taken place, when by such discharge such patient is liable to be placed in a poor-house, should be repealed?

2d. The division of the insane poor into an indigent and pauper class, by which a discrimination, based upon property, exists, operating often to the disadvantage of the latter, is an evil which ought to be corrected. It may have been thought necessary to place the custody of all paupers in the hands of the Superintendent of Poor. Other reasons, of which we are ignorant, may have existed for this discrimination. It is, however, of vital importance to the patient whether he is to be disposed of by the County Judge, or a Superintendent of the Poor. The latter officer is so often liable to be influenced by motives of a selfish and economical character, so inconsistent and incompatible with a proper and humane consideration of a condition of disease, as to incapacitate him for an independent discharge of his duty. It should be borne in mind that poverty is one of the concomitant circumstances of insanity, and not, as a usual thing, antecedent to it. The great majority of the insane poor are not paupers in the ordinary use of that term. It is shown in a report of the Secretary of State that eighty-two per cent. of the insane poor in the county poor-houses were self-supporters prior to the attack; and, out of four thousand cases of insanity treated in the asylums of this State, we found the small number of seventy-four without occupation. Insanity has been properly ascribed to be one of the causes of pauperism, and not the result of it. This is the true relation of insanity to pauperism.

3d. The discretionary power possessed by Superintendents of the Poor of sending patients to the asylum or poor-house, and the legalization of such places as receptacles for the insane. This arises from the power vested in Boards of Supervisors of approving of an asylum, other than the State Lunatic Asylum, for the insane poor. There being but one asylum in the State where such patients can be received, it is implied of necessity that they must go to the poor-houses. Among the conditions on which recovery from insanity depends, no one of them is more essential

than the stage in which the patient is placed under treatment. It is important this should be done as soon after attack as is consistent with safe removal from home. In the case of the pauper patient, as well as the independent, the community, the family, and the individual, are interested in his restoration. The support of the former devolves upon the public treasury. It is obvious that as soon as he is restored he ceases to be a public charge, and, if through inattention, or the nature of his disease, he becomes incurably insane, he is a lifelong expense. We are then appealed to by motives of humanity and charity, to rescue persons thus afflicted from the physical and mental degradation insanity sometimes brings. We are urged by those ties of reciprocal duty which bind all communities together, as well as by motives of political economy, to afford every recent case of insanity a reasonable opportunity of treatment. The discretionary power of sending patients to an asylum cannot be lodged, safely, with public officers who are elective and influenced by various motives, without abuses and irregularities necessarily resulting. It has been exercised under mistaken views of economy; also, that the poor-house possessed the requisites of a hospital; and, again, the supposed curability or incurability of the patient has decided the disposition of the case. It will thus be perceived, how it happens that the practice of different counties varies with the change of officers. May we not properly ask whether under these circumstances human judgment is not fallible? And, whether such important interests as the well-being of the insane should be intrusted to the caprice and decision of an individual, or ought not rather to be guarded and protected by some general law, universally applicable, giving to the officer functions of a character purely executive and not discretionary?

The more prominent defects of our present system, which are here briefly presented, are to be remedied:—

1st. By a repeal of the statute permitting the discharge of a public patient from the State Lunatic Asylum, in an incurable condition, and authorizing the return of such patients to an almshouse.

2d. By the abolishment of the division of the insane poor into an indigent and pauper class.

3d. By taking away all power now possessed by Superintendents of Poor of disposing of the insane. On the occurrence of a case of insanity in a person presumed to be in indigent circumstances, the question of the existence of insanity should first be determined before two Justices of the Peace, or a County Judge. For this purpose they should have the concurrent testimony of at least two physicians. They should then examine into the alleged indigence of the patient. If found insane they should so certify, which certificate should be an order of admission into the State Lunatic Asylum, at the expense of the county from which sent. Such proceedings would be simple, uniform, and inexpensive.

4th. By the appointment of a Commission of Lunacy.

While these changes are of such a nature as to commend themselves to the friends of the insane, it becomes our duty to inquire into the probable result of such radical alterations in our present system. In the first place, all recent cases of insanity would receive an order of admission to the State Lunatic Asylum, and would be received as far as the capacity of the institution would permit. The remainder would have a claim upon the State which it could not long ignore. Secondly, the effect of the proposed changes would be the accumulation of incurables in the State Asylum. The chief difficulty in a comprehensive system for the care of the insane lies in the proper disposition of this class. Our duty in regard to the new cases is clear. The real problem is to know what to do with the incurables. The history of every case presents the stage of active disease from which the patient emerges to a condition of health, or of incurability. In the latter condition he is either turbulent, noisy, or filthy in habits; or quiet, harmless, and industrious. He does not require the expensive style of hospital building, its extensive medical and

household organization. It has been objected that the support of incurables in hospitals with all the appointments and detail of curative establishments, was a greater expense than was warranted. This has been adduced by county officers as a cogent reason for the removal of patients. Instances could be cited where county officers visiting patients at the Asylum chargeable to their county, on learning they were able to perform some labor, and in a comfortable and quiet condition, have removed them, confined them to the county house, or permitted them to escape, though incurably insane. That condition, which has been attained only with great pains and expense, may thus speedily be changed for the worse.

The Asylum, at Utica, should assume its originally-designed relation to the insane as a curative institution, and some provision be made for the discharge of incurables, and their proper and humane care. Availing ourselves of the fact that the majority of incurables and chronic cases, in an agricultural community, may with attention become industrious, perform the manual labor of a farm and domestic work within doors, may not an organization upon an industrial basis be devised, embracing such of this class as the Superintendent of the State Asylum may designate for the purpose? This organization would in other words constitute a colony from the hospital. We are aware that a proposition to erect institutions for the accommodation of incurables is liable to meet objections at the hands of some members of the profession devoted to the specialty of insanity. The question of caring for curables and incurables, in separate institutions, has been a subject of discussion, without, however, as far as we are aware, developing any plan for ameliorating the condition of the latter class. It has seemed to us that an institution based upon an organization of an industrial character, seeking to employ every member of the household in some occupation tending to reduce the cost of support, and yet seeking by regularity of habits and varied work to bring about a condition of cheerfulness and contentment, could do very much to alleviate their unfortunate condition, and make the burden of life more tolerable. We might have regarded this plan as chimerical, if it were not in successful operation at the present time. Explaining by conversation and correspondence the defects of our system to Dr. Pollak, of St. Louis, long identified with the public institutions of that city, he promised to bear this subject in mind in the course of his projected visit to Europe. He has kindly placed in our hands the history and plans of the Asylum and Colony of Fitz James, Clermont, France, which we find contains suggestions and ideas which we believe solve the question of the disposition of the incurable insane, especially as their wisdom has been confirmed by a successful experience of twelve years.

The subject which we have endeavored to bring before the profession through the medium of this Journal, though not a novel one, deserves more attention at its hands than it has received in latter years. Those persons whose official relations to the insane have enabled them to become familiar with their wants, particularly the present Superintendent of the State Asylum, Dr. Gray, have done very much to enlighten the Legislature and the community. Notwithstanding their persistent efforts, a strange indifference and apathy still exist in the public mind. It is not too much to hope for the co-operation of the profession to accomplish results of vast sanitary importance to the people of this State, and the interests of humanity.

L'Union Médicale, speaking of the late operation performed by M. Civiale on the King of the Belgians, remarks that this is the second time a royal bladder has been submitted to the instrumentation of this skillful operator. The late King Bomba, of famous memory, underwent the same operation, and paid a fee for it of £5,000. M. Civiale, the journal adds, does not appear to have brought back from Belgium anything more than the Cross of Leopold.—*Brit. Med. Jour.*

CASES OF VAGINISMUS, WITH THE METHOD OF TREATMENT.

By J. MARION SIMS, M.D.

[Reprinted from the Bulletin of the N. Y. Academy of Medicine.]

(Continued from page 294.)

From personal observation, I can confidently assert that I know of no disease capable of producing so much unhappiness to both parties to the marriage contract, and I am happy to state that I know of no serious trouble that can be so easily, so safely, and so certainly cured. I now venture, with the approbation of this learned body, to give this affection a name as well as a remedy.

By the term *Blepharismus* or *Blepharospasmus*, we mean an involuntary, painful, spasmodic contraction of the orbicularis palpebrarum, with great supersensitiveness or intolerance of light. By the term *Laryngismus*, we mean a spasmodic contraction of the rima glottidis, with stridulous inspiration. And by the term *Vaginismus*, I propose to designate an involuntary, spasmodic closure of the mouth of the vagina, attended with such excessive supersensitiveness as to form a complete barrier to coition. These various affections may or may not be complicated with inflammation, but do not necessarily depend upon it. We may have vesical tenesmus without inflammation of the bladder, and rectal tenesmus without rectitis. The most perfect examples of *Vaginismus* that I have ever seen have been uncomplicated with inflammation; but I have met with cases in which a slight redness or erythema was visible at the fourchette, just without the reduplication of the vaginal mucous membrane, called the hymen. Usually, the hymen is thick and voluminous, and, when the finger is passed into the vagina, its free border often feels as resistant as if bound by a fine cord or wire; but it may also be firm and unyielding, with even the wire-feeling free border, without symptoms of *Vaginismus*. There need be no mistake in diagnosis. It can be confounded only with impermeable hymen or with atresia. In each of these, marriage may have existed without consummation, but the true cause becomes patent on investigation.


In a case of *Vaginismus*, the gentlest touch with the finger, a probe, or even a feather, produces the most excruciating agony. The sensitiveness is at all parts of the vaginal outlet, is very great at the meatus urinarius, and on each side of it, just where the hymen taken its origin; is greater still on the vulval or outer face of the hymen, near the orifice of the vulvo-vaginal gland, and greatest at the sulcus or reduplication from the vulval orifice. Often, the most sensitive point of all is at the fourchette, where the hymen projects upwards. I have often heard patients shriek with terror and agony, exclaiming that I was thrusting a dagger into the body, when I merely touched the sensitive points with a camel's hair pencil or a soft feather; and again these same patients have declared that they felt comparatively nothing when I have had the parts held asunder, so as to pass a probe into the vagina, making forcible pressure against the internal or vaginal surface of the hymen, thus proving that, while the outer face of the hymen was supersensitive, its inner surface was normal. In all cases, the mere spasm of the sphincter is painful, and in many cases the sphincter ani feels almost as hard as a ball of ivory. Indeed, one of my patients supposed it to be a tumor to be cut out before she could be cured. The spasm of the sphincter is pathognomonic of the disease; the supersensitiveness, diagnostic. This fact is more delicately shown by touching the outer surface of the hymen, particularly at its reduplication, with a soft camel's hair pencil.

Treatment.—I shall not detain you with a rehearsal of the steps by which the proper treatment was finally determined; enough has been said already to show that it was not accidental, as my observations extended from May, 1857, to August, 1859. The treatment consists in the removal of the hymen, the incision of the vaginal orifice, and subsequent dilatation. The last is utterly useless without the others, but is essential to easy and perfect success with them.

I usually make two operations, though all may be done in one. Placing the patient, etherized, on the left side, I seize the hymeneal membrane with a pair of forceps, just at its junction with the urethra on the left side, and, putting it on the stretch, clip it with properly curved scissors till the whole of it is removed in one continuous piece. In some cases the hæmorrhage is sufficient to require a compress of lint, thrust into the mouth of the vagina, while in others it is unimportant. In two instances the bleeding was excessive, but was easily controlled by the liquor ferri persulphatis. The cut usually heals in three or four days, after which the operation for radical cure may be performed.

Notwithstanding the removal of the thick, sensitive hymen, the cicatrix marking the original place at the mouth of the vagina is excessively sensitive, and, in some instances, feels hard and tense, as if a small cord were constricting the outlet. This I formerly divided at different points, and in divers ways, during the course of my experiments, and finally arrived at the following method as being the surest and best:—

Place the patient, fully etherized, on the back, as in the position for lithotomy, pass the index and middle fingers of the left hand into the vagina, separate them laterally so as to open the vagina as widely as possible, putting the fourchette well on the stretch. Then make a deep cut with a common scalpel through the vaginal tissue on the right of the mesial line, bringing it from above downwards, and terminating at the raphe of the perineum. This cut forms

one side, the left, *a b*, of a . Then pass the knife

again into the vagina, still dilating with the fingers as before, and cut in like manner on the opposite side from above downwards, uniting the two incisions at the raphe as shown by the line *d b*, which is to be extended quite to the perineal integument, and through its upper border, as shown by the dotted line *b c*. Each cut will be nearly two inches long, extending from about half an inch above the upper border of the sphincter vaginae, across the sphincter for about half an inch, and down to the perineal raphe for nearly an inch more. Of course, this will vary in different subjects according to the development of tissue in each. To perfect the cure, the patient will wear for a time a properly adapted vaginal dilator. I use an instrument usually made of glass, sometimes of silver, or other metal silvered or gilt. I prefer glass, because it is cheap and easily kept clean, while being transparent, it is easy to see how the wound is progressing without removing the instrument. Moreover, some patients have insisted that a glass instrument is more comfortable and less irritating than one of metal. I am not prepared to say whether this be true, yet there may be both truth and philosophy in the assertion, as one substance is the worst conductor of heat, and the other among the best. The dilator is sometimes introduced as soon as the operation is finished, especially if there be much hæmorrhage, which always ceases immediately in consequence of the pressure of the instrument. But most generally I do not order it for twenty-four hours after the operation, when it is worn two, three, or four hours. Its introduction is attended with a sense of soreness, but with none of the peculiar, agonizing suffering, characteristic of the original disease. The instrument is usually worn for two hours in the morning, and two or three hours in the evening, more or less, according to the tolerance of the patient. I have been often astonished at the rapidity with which the cuts heal, the process being seemingly facilitated by the pressure of the glass dilator, which is to be worn daily for two or three hours, or until the parts being entirely cured, and all sensitiveness removed, the patient may be pronounced competent to fulfil comfortably and pleasantly the duty of a wife.

The dilator is about three inches long, sometimes a little more, slightly conical, open at one end and closed at the other, and of different sizes, varying from an inch to an inch and a half in diameter. At the largest part near the

outer extremity, there is a depression on one side for the urethra and neck of the bladder. It is open at the outer end to allow the pressure of the atmosphere to hold it in the vagina, which it does very effectively. When closed at both ends, a T bandage is necessary, and the instrument often slips. I found that a perfectly round cylinder, on being worn for three or four hours, always irritated the urethra and neck of the bladder; hence, the urethral depression on one side, which also materially aids its self-retaining power.

This disease is by no means rare. Dr. Emmet and myself saw seventeen cases in twenty-four months. Of these, one had been married thirty years; one, fifteen years; one, thirteen years; one, seven years; one, six years; three, three years; and so on down to two years. Of these, fifteen have been treated, all of whom were cured. Three have become mothers—one conceiving in two months after her cure, one in four months, and another in twenty months—and I have no doubt that many more will become mothers in due course of time. In most of them, sexual intercourse had never been accomplished; in two, it had been done a few times very imperfectly, then suspended altogether; while in two others it had been indulged in under the most trying circumstances, and always with dreadful suffering to the wife, and in these there was the most complete wreck of the nerves, if such an expression may be allowed. All were married but one. In this case, the affection was not discovered until her physician made an effort to find out something about the state of her womb, as she was suffering greatly from dysmenorrhœa. He then sent her to me, supposing that she had atresia vaginae. The vaginismus was cured in two or three weeks, after which the patient returned to her physician for treatment of her dysmenorrhœa.

It must not be for a moment supposed that I arrogate to myself the discovery or description of a new disease. I do not, for it has been encountered for all time. I claim only to have separated Vaginismus from a great class in which it had been obscurely hidden away. Others have met it before. Some have called it neurosis; but this is a generic term, which may be applied to any painful affection, uncomplicated with inflammation. Many have called it neuralgia; but this term is wholly inapplicable, for it has none of its habitudes. Neuralgia is supposed to be a painful affection usually in the course of a nerve, coming when it pleases, remaining as long as it pleases, and disappearing when it pleases, but usually observing a particular cycle of time in its advent, its culmination, and its decline. Let it once leave, and it cannot be recalled at will; but vaginismus can be provoked at any moment by the gentlest touch, ceasing immediately on removing the irritating cause, never returning spontaneously, and never returning at all except under the same mechanical agency. Time will show that this is not the only disease where our ignorance is covered over by the broad mantle of neuralgia. Some have called it hyperæsthesia, but this is only another phase of neuralgia—a thing that is here to-day and gone to-morrow, and is most generally symptomatic of some other affection. I call it Vaginismus, because it is not only a symptom but a conglomeration of symptoms, constituting a distinct and separate disease, with as good a right to a proper name as any disease enumerated in our nosology.

If, by the invariable uniformity of symptoms, if by the frightful amount of physical, moral, and social suffering which it always engenders, or, better still, if, by the certainty, facility, and safety of its treatment, a disease be entitled to a particular name and special study, then must Vaginismus be hereafter recognised whenever seen, and cured whenever treated.

MR. WAKLEY, editor of the *London Lancet*, receives a salary of \$9000 per annum, as Coroner, for the county of Middlesex.

FRACTURE WITH DEPRESSION OF THE SKULL

OF SEVEN YEARS' STANDING, RESULTING IN LOSS OF MEMORY AND EPILEPTIC FITS.

By E. S. COOPER, A.M., M.D.,

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NOTES of the following case were published in the *Medical Press* shortly after the operation. I now give it in detail.

Case.—Capt. J. G., æt. 41, was admitted, March 28, 1861, in consequence of fracture of the skull with depression.

There was depression at three different places on the front part of the skull. One very slight almost directly over the anterior superior sinus where the sagittal suture is crossed by the coronal. Another and much deeper depression was about three quarters of an inch to the left of the first. The third was one and a half inches back, and half an inch to the right of the last.

The first of the two last was very tender to the touch, and the patient evinced or complained of pain at once when pressure was made upon the part.

Condition of the Patient.—The mental faculties were nearly destroyed, the patient forgetting his age and the name of the vessel of which he was for many years master. The right arm and leg were in a state of partial paralysis. The face was sallow, and countenance idiotic, though the patient was represented to have been very bright in former years. Breathing somewhat difficult, and all the energies of both body and mind were overcome. The appetite was good, and the functions of the organs generally well performed.

Operation.—The scalp being shaved over the deepest of the three depressions, and the one tender to the touch, a crucial incision two inches long was made down to the bone. Cutting through the scalp caused quite an active and persistent hæmorrhage considering the parts involved. When the bleeding had subsided the trephine was used, and a piece of bone three-fourths of an inch in diameter removed.

The patient then became much more rational, called his friends by name, and recollected his own age, which he had been unable to do for a long time previously. This was the more surprising, since the inner surface of the bone removed was not found depressed. What appeared to be depression prior to the operation proved to be nothing more than absorption of the external surface of the bone, and thinning of the scalp at that point. The bone was not more than one-third of its usual thickness. This speedy improvement did not stop here. In three or four days he had recovered to a great extent the use of the arm and leg, and his speech and mental faculties were so much improved as to be readily noticed by all his friends.

During the night of the seventh day after the operation, secondary hæmorrhage occurred from the scalp, and was arrested with much difficulty, although no vessel of any size had been wounded. The coagulating principle of the blood being apparently lost, frequent bleedings occurred after this, until the patient became very weak, when it was found necessary to carry stitches through the bleeding surface until it was entirely whip-stitched.

The hæmorrhage was finally arrested, but as soon as that was effected the old symptoms returned. So long, however, as the bleeding lasted the patient continued improving. But in one week after the hæmorrhage ceased a decided change for the worse was perceptible, and the condition became more and more manifest, until the patient became, at the end of seven weeks after the operation, much worse than he was previously. The affected arm and leg became almost powerless, and his apoplexy returned. All his mental faculties were lost or nearly so, until his case became quite hopeless. He was consequently sent away, but died in his bed alone during the first night after his departure.

The question now arises, and with it the principal feature of interest belonging to the case:—What was the cause of the great but temporary improvement after the operation? Was it the removal of a piece of bone which was not depressed in a perceptible degree, or was it the loss of blood? It appears that it must have been the latter. If that were the case, and I do believe it was, it affords some evidence in favor of the plan of Dr. Rush, viz. to bleed patients laboring under epilepsy just as much as they could possibly bear, without risk of dangerous prostration.

Reports of Hospitals.

BELLEVUE HOSPITAL.

A CASE OF HYDROPHOBIA.

(Reported by HENRY S. PLYMPTON, M.D.)

SERVICE OF DR. CLARK.

THOMAS O'HARE, æt. 34, a native of Ireland, was admitted about half past twelve p.m., May 11th. The history which he gave of himself was this:—Two weeks before, while cleaning a stable, he was bitten on the hand by a dog supposed by him to be rabid. The dog did not froth at the mouth, but was cross and restless. The animal was killed immediately. The wound healed rapidly and perfectly. Three days before admission to the hospital he went home somewhat intoxicated, and feeling thirsty asked for water, which, on being brought to him, he found himself unable to drink, and at the same time he was seized with severe rigors. These symptoms terrified him exceedingly, as he had been in constant fear of hydrophobia since he was bitten. The shiverings recurred several times during the night. He did not froth at the mouth, nor attempt to bite any one, but was taken care of by three women until the middle of the second night, when his agitation markedly increased. He could drink water if his hands were held. Some policemen were then called, who took as much care of him as was consistent with their great fear of being bitten. The patient did not sleep nor eat for forty-eight hours before entering the hospital.

When admitted, he was perfectly rational, but in a state of the most intense fear. He professed that he had no desire to injure any one, nor had he even thought of it before. His weakness seemed very great, and he was in great fear that the sputa which he coughed up would choke him. He also experienced a sense of constriction in the fauces. There was a slight twitching of muscles; the face and eyes were suffused; pupils alternately dilated and contracted; anxious expression; tongue and throat congested, but moist, and covered with a small amount of tenacious sputa; vomited a thin greenish fluid, the effects of an emetic taken outside the hospital; respiration at times spasmodic; pulse varying from 112 to 116. Urine passed freely and in normal amount. A cathartic and an enema were given. At 6 p.m. the pulse was 98, and somewhat less irritable. One-fourth of a grain of morphine in solution was given every two hours, with large enemata of assafetida. He took the solution without difficulty when assured that it was not water. The morphine had no effect. Four enemata were given, the last one, which was administered at half past one, being the only one retained. At that time he answered the night watch, and did not appear to be much worse. Ten minutes afterwards the watch, hearing a noise, went to him, and found him gasping and turning blue. In five minutes he was dead. The head was thrown back, and the face was almost black. The orderly said that previous to death his breathing was full and deep, with long intervals between inspiration and expiration. Unfortunately for pathology, a post-mortem examination was positively denied by the presumptuous coroner who had the body in charge.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, April 26, 1902.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

CANCEROUS DISEASE OF INTESTINES.

DR. GRISCOM presented a specimen of cancerous tumor of the abdomen, weighing thirteen pounds and four ounces, with the following history:—

James W. Parkinson, *et.* 47, England. Widower. Admitted April 7, 1862. (Dr. Griscom, Attending Physician.) *History.*—Seven years ago had intermittent fever for the first time; during the paroxysm was frequently more or less delirious. For four years had three or four attacks every season. During the past three years has had an occasional light attack. Has had hæmaturia three or four times within the past two years, each attack lasting a week or so. About three years ago he first noticed a swelling in the left hypochondriac region. This has been increasing gradually ever since. Patient was seen two years ago by Dr. Griscom, who then recognised a tumor occupying the position that an enlarged spleen might, which, from the man's previous history, gave rise to that opinion. From that time forward the tumor did not appear to increase much in size. About a year ago, patient remarked a distinct swelling in the left iliac region, which gradually enlarged up to the present time. Patient has never had much pain or soreness about the abdomen. Bowels very constipated for several years; has taken injections constantly for the past year.

On admission, patient is very feeble, face and lips pale, everything indicating an exsanguinated condition; tongue furred; pulse 80; appetite very poor; vomits after eating.

Autopsy.—Lungs, heart, kidneys, bladder, healthy; spleen weighed eight ounces, appearance natural; liver healthy; tumor weighed thirteen pounds, four ounces.

CARCINOMATOUS DEGENERATION OF CARDIAC ORIFICE.

DR. FLINT exhibited a carcinomatous stomach removed from a patient *et.* 45, who was admitted into the Blackwell's Island Hospital in a state of great exhaustion, and evidently very near death. The statement was that he had been unable to digest anything but liquids for a very long time. Whatever else he swallowed was immediately returned. There was also constipation of the bowels, and it was said that no defecation had occurred for a month. Death took place within twenty-four hours after admission.

On post-mortem examination, the cardiac orifice, for a circular space about three inches in diameter, was found to be the seat of cancerous degeneration; the walls were thickened, and at some points the mucous membrane was destroyed. The disease extended somewhat up the oesophagus. The cardiac orifice was so completely occluded, that water could be held in the oesophagus. There was some deposit noticed at the pyloric orifice. A specimen taken from the cardia had been examined by Prof. Flint Jr., and presented the yellow elastic fibre in abundance, pus corpuscles, granular debris, and cancer cells.

OCCLUSION OF THE INTESTINE, ETC.

DR. KRAKOWIZER presented a specimen of occlusion of the intestine, for which he was indebted to Dr. Schweig, in whose practice the case occurred.

The child was born March 16th, at six A.M., and died April 21st, about midnight, living five weeks and eighteen hours with complete occlusion of the gut. I had occasion to see the child with the Doctor on the second day. On the first day it was not noticed that there was any defect, but the child not passing any meconium attracted the attention of the parents, and Dr. Schweig was accordingly sent for. He examined the child, and found a well formed anus and rectum, and could introduce the finger as high up as the promontory of the sacrum. By a gum elastic catheter

he could reach up a distance of six inches, the instrument then being turned a little to the right and arrested. The mother stated that the child had once or twice passed a whitish-grey substance from the anal orifice, and on the second day had evacuated matter which was evidently meconium. The examination which I had made corroborated what the Doctor had found. It was supposed that there was occlusion of the gut about the sigmoid flexure, and the operation for artificial anus was accordingly proposed, but the parents declined having anything done. The child was the younger of twins, well formed, and when born was twenty-one inches long, and on the second day took the breast with avidity. After it was determined that no operation should be performed, the mother concluded that it was best to give the other child the full benefit of the breast, and feed this child on milk and fennel tea. It did remarkably well, and would take the milk and tea with a relish. The secretion of urine seemed to be normal. At the end of every second day it would become restless and would cease to take the food with eagerness, and on the fourth day it would refuse it altogether and would then vomit fecal matter. In this condition the little patient lived for three weeks: every fourth day voiding the contents of the bowels by the mouth. About the middle of the third week it was taken with sprue, but recovered from that. The skin kept always pleasant and soft, the voice was strong and loud, and the slightest touch disturbing him, would be answered by good strong motions of the whole body. When the child had vomited, the abdomen always resumed its normal shape, which gave me the idea that the obstruction was above the ileo-cæcal valve. After this vomiting had occurred, the abdomen would gradually swell up again. But from the commencement of the third week, however, the abdomen did not recede after vomiting, and at the commencement of the fourth week the loops of the intestines could be seen in large masses through the very thin integuments. The child on the fifth week became very feeble, and died on the 21st instant.

On making the post-mortem examination and opening the very thin abdominal walls and turning them back, no peritonitis was found. The loops of the small intestine were seen dilated to a great size, filling the whole abdominal cavity. In the right iliac region was found a process about the size of small packing-thread rolled in spiral loops, and this proved to be that portion of the intestine below the occlusion. It was distant about a foot from the cæcû coli. The large intestine rose in its natural form, and though small, ended in a natural anus. The mesenteric glands belonging to that part of the intestinal canal which is pervious were well developed, while there was no trace of glands below the occlusion. In this case, if an artificial anus had been made, a loop of intestine would have been selected not very far below the duodenum, and the mucous surface would have been very small for the absorption of nutritive substances. The child took no food whatever for the last few days of his life. The occlusion of the gut was entire, and doubtless originated in intra-uterine peritonitis, as was shown by the presence of a small membrane passing from the mesentery of the pervious bowel to the ascending colon.

DR. POST remarked that the intestinal canal had been known to have been occluded at almost every point in its course.

DR. PARKER had never seen a case of occlusion of the intestine below the ileo-cæcal valve which did not terminate fatally before the fourth or fifth day.

DR. GRISCOM had a case of occlusion of the rectum where the finger was passed into the gut to the extent of about an inch before encountering any obstacle. A perforation was made through the membrane and the child lived three months, but it was necessary to perform the operation every day in order that a passage might be obtained.

FIBRO-CYSTIC TUMOR OF UTERUS.

DR. KRAKOWIZER presented a specimen of fibro-cystic

tumor of the uterus, and accompanied it with the following verbal history:—

The woman from whom this specimen was taken was a native of France, who came to this country pretty early. She was married here, and had three children and two miscarriages. Her youngest is 13 years old. She was always in good health until about nine years ago, when a swelling commenced forming in the left side of the abdomen, accompanied with painful sensations. She supposed herself pregnant, but not feeling exactly as she used to do in that condition, she consulted her physician. He at first thought her pregnant, but very soon afterwards altered his opinion, and told her that it was a tumor of the left side connected with the ovary. Different kinds of treatment were resorted to, rational as well as empirical, but without any result. About the second or third year from the commencement of this swelling, she was subjected to the application of electricity by some empiric. After this she always complained of more or less pain in her right side. Her health was otherwise good, though she was impeded, as the tumor grew larger, in her wonted avocation. She would have, about once a year, a spell of two or three days, when there would be a good deal of pain in the abdomen at the seat of the swelling, the tumor would then take a pretty rapid rise, soon after subsiding to its otherwise habitual slow growth. She went, three years ago, to Paris, and submitted herself to the care of Dr. Avé. She was by him put under a course of iodine, internally and externally, but without avail. She then came under the care of Dr. Mechain. Drs. Avé and Mechain both made repeated tapings of the tumor, I believe to the number of forty in the course of one year. It was remarkable that not only very little fluid could be drawn off at the time of the tapping, but that from the canula remaining in the wound, there would be an oozing which would continue for days. She would always notice that before a tapping would again become necessary, the function of the kidney was very much interfered with, and that whenever the tumor diminished in size by tapping, the secretion of the organs would be very much increased, so much so, indeed, that 32 or 24 litres would be passed in 24 hours. This gave rise to the supposition that probably some communication existed between the kidney on one hand and the tumor on the other. The urine was accordingly examined, but was found to be urine and nothing else. Once or twice an injection of iodine was made into the tumor, but the symptoms that were produced were so alarming that it was not tried a third time. About spring of last year the tumor was so much reduced by systematic tapping that, imagining herself almost cured, she began to make arrangements to return home to her husband in Newark. She, however, was accidentally delayed for some time, when the fluid commenced to re-accumulate. She consulted Robert and Maisonneuve. They did not give her any encouragement in reference to a cure, and refused to accede to her wishes to have the tumor removed. She then quitted Paris and came to this country, with the determination to have the operation performed. She arrived here in February. Her health was pretty good, her digestion excellent, her bowels regular, and she was generally well nourished; the only thing, however, that she was distressed about was the difficulty which she experienced in moving about, owing to the size of the tumor. I found that the circumference of the abdomen was about 62 inches, and that the distance from the ensiform cartilage to the symphysis pubis was about 30 inches. The tumor was pretty round in shape. It gave pretty distinct fluctuation, less towards the right side. I stated to her what she might expect from the palliative treatment, and also from the radical treatment. While she did not object to the performance of the operation, she desired to try the former treatment first. So I tapped four or five times. The largest quantity of thick, clear liquid I obtained at any one time was a pint and a half. The oozing afterwards was very insignificant, the secretions of the kidney were increased, but the tumor did not diminish

perceptibly in size from the tapping. A consultation was held, and it was stated to her what she might reasonably expect from the performance of the radical operation. She consented to have the tumor removed, which was done about the 10th of April.

During the whole time of her illness I may remark that menstruation was regular, the last period occurring about the 2d of April.

She was put under chloroform, and the anæsthesia was continued with ether. An incision was made four inches in length, equally distant from the umbilicus and symphysis pubis. The walls of the abdomen were very thick, being about one and a half inches. After the peritoneum had been opened into, the hand was introduced and some slight adhesions to the right were broken up, also a pretty firm band in the neighborhood of the umbilicus. The woman about this time in a measure recovered her sensibility, and I was surprised at the force with which the abdominal muscles acted on my hand, which was placed between them and the surface of the tumor. My hand was held as firmly as it has been by the uterus in its most violent contractions. After the anæsthetic condition was again established, the incision was enlarged one inch more above, and the hand could now sweep over the whole tumor up to the ribs. About two inches of adhesion were broken up near the false ribs on the right side. On the left side, the adhesions were very slight, and behind they were entirely absent. The anterior aspect of the cyst wall was then ruptured, when a gush of serous fluid followed. It was then thought best, before the cyst collapsed, to puncture it and give the contents exit. A very large trocar was thrust in, but there was only a very little oozing of serum. The cyst wall was then cut through and laid open to a very large extent, when it was found to be occupied entirely by a jelly-like substance having an appearance and arrangement exactly resembling that of the vitreous humor of the eye. The meshes were filled with a liquid, which, however, did not escape until the tissue was crushed and squeezed in the hand like a sponge. The fluid which escaped was of the color of serum, mixed with blood from torn vessels in the structure. After this jelly-like substance had been crushed into membranous shreds, it was found that the large cyst, which contained four or five gallons, rested on another tumor on the left side, and it was necessary, to remove that, to enlarge the original incision two inches, making it now seven inches. The cyst was then lifted out, when it was found to be connected by a firm, strong pedicle an inch and a quarter in diameter, cylindrical in shape, not to the ovary, but to the *fundus uteri*. The pedicle was three inches long, and was very near the cyst wall. The clamp was applied, but, just as the last turn was being made, it broke. A strong double ligature was then passed through and tied on both sides. It was found that the right ovary contained two or three Graafian vesicles enlarged to the size of small peas, which were ruptured; the left ovary was healthy, the right Fallopian tube was normal, the left one was diseased, its free end being gathered up and connected by old and strong adhesions with the ovary and lateral ligament. It was somewhat enlarged by the accumulation of its secretion. The bleeding was considerable. After the tumor was lifted out from the abdomen, there was quite a gush of liquid blood with coagula, which it took some time to absorb by sponges. One vessel was tied in the broad ligament, and it was also found necessary to tie one adhesion and part of the membrane which made adhesions to the cyst wall. The great thickness of the abdominal walls made it impossible to use the hare-lip suture, and I had to take a pin five inches long to secure the pedicle so as to bring its wounded surface in the track of the abdominal wound. I took a broken trocar, and carrying through the walls and pedicle, I fixed it as we do hare-lip pins. Three silver sutures were carried through the remaining portion of the wound, taking up the peritoneum, and the wound was closed.

The woman was very feeble and cold after the operation. She was given at once 30 drops of Squibb's Liquor Opii

Compositus. She revived soon after, but complained of a sensation of cold. Before putting her to bed, the immense abdominal walls collapsed, forming a hollow which was filled with large towels dipped first into cold water, and secured in situ by means of adhesive straps passed around the body. I saw her a couple of hours after, when she complained only of thirst. Her pulse was feeble and irregular. Ten drops of Squibb's liquor of opium were given every hour, and milk punch *ad libitum*, with small pieces of ice. She never, for the next thirty-six hours, complained of the least pain in the abdomen. She had not vomited. She was kept in a very easy condition by means of narcotics. She would doze away occasionally, but as anybody approached her bed she would open her eyes, express her satisfaction at the completion of the operation, and would speak about going to Paris soon, and telling the French surgeons what could be done. The only unpleasant symptom to me was, that although the pulse came up, yet the skin did not have that fine healthy feel; when the hands were exposed a little, they would become covered with a clammy sweat. I had occasion to use the catheter but once. At the end of thirty-six hours after the operation, I found that her epigastric region was swollen, but not painful or tense. On the second night after the operation, about two A.M., she commenced vomiting, and this continued until six in the evening, when she died, being conscious all the time. The matters vomited consisted first of watery fluid mixed with mucus, and later resembled mixed coffee-grounds. She died from pure exhaustion.

The post-mortem examination was made seventeen hours after death. The wound of the abdomen where the pedicle was lying was somewhat discolored; so also was the wounded surface of the pedicle. The rest of the wound, as far as the peritoneum was concerned, had already made a very good union. The peritoneal covering of the uterus and appendages showed traces of moderate inflammation, but there was no trace of general inflammation of the peritoneum. The stomach was swelled up to an immense size, and contained the same substance which had been thrown up during the later period of her life. The uterus, as here shown, is seen to be elongated and hypertrophied. It will be seen that the uterine substance passes into the pedicle up to the distance of about an inch and a quarter, when the place of normal uterine structure is taken by a harder substance. The pedicle is permeated by veins of immense size.

This pedicle, then, corresponds to the base of this tumor, and it seems that the uterine substance travels up along the cyst and encircles the very substance of the basis of the cyst. From the pedicle then a large hard knotty mass forms, which branches off into three directions; then this forming alveoli is gradually transformed into this shreddy material filling the entire cyst. The uterus contains besides a small fibroid tumor in its walls. I have never heard that tumors of this kind originate from the uterus, and I have spoken to many gentlemen, and they don't remember ever having heard of a similar case. I think from what I have seen by microscopical examination, that the tumor is not malignant. This hard mass is mainly composed of fibro-plastic cells in great numbers, interlaced and running into bundles and fascicles. These are interspersed with small nuclei. I could not see any free cells. I think the tumor was originally fibrous in character, and that it subsequently became transformed into this cellular material.

In answer to a question from Dr. Peaslee, Dr. K. stated that he was inclined to attribute the vomiting more to the quantity of opium used (3ij. of Squibb's liquor opii in thirty-six hours), than to uterine irritation. He thought, in another operation of the sort, he would wait until the inflammation should establish itself to a degree to render the administration of opium admissible, rather than anticipate the inflammation. He had noticed that the English surgeons, who have had great success in ovariectomy, use opium very sparingly.

Dr. PEASLEE thought that the vomiting was due to the

irritation of the uterus caused by the application of the clamp.

Dr. HINTON, in this connexion, referred to the case of a lady who for a long time suffered from neuralgia of the uterus, attended with vomiting, which would generally come on about the middle of the night. When the neuralgia disappeared, the vomiting entirely ceased. He thought this was a very marked case, showing the great sympathy which exists between the stomach and uterus.

American Medical Times.

SATURDAY, JUNE 7, 1862.

RED-TAPE.

EVERY one who has been brought in contact with any department of Government (and who in these times has not?), has been struck with the intricate maze in which every matter of business is enveloped. The simplest inquiry, which in any business corporation would be dispatched in a moment, and the required information immediately obtained, on the part of Government officials involves such an amount of detail, such endless delay and annoyance, that in nine cases out of ten the golden opportunity for using it is lost when it is finally furnished, if the applicant has the patience to persevere in his search. This official routine is called "Red-Tape." During the war of the Crimea, so disastrous to the cause of the Allies did official routine become, that it was designated "Blood-Red-Tape." Are we not to-day suffering under a reign of Blood-Red-Tape?

We are engaged in a war the most gigantic in its proportions which the world ever saw. In its results it is to be the most important in history, whether we regard its political, social, or medical bearings. The half million soldiery now engaged in upholding the cause of Constitutional Government are drawn from the free, intelligent people; they are our friends, our neighbors, our relatives. At what sacrifice of the comforts of domestic life, of health, and of business, they have patriotically answered their country's call for aid, and gone forth to meet dangers, sickness, and probable death, no historian will ever record.

For this army of citizen soldiery the country feels the liveliest sympathy, and takes every opportunity to make it manifest by substantial aid. In every locality throughout the Northern and Western States, voluntary organizations exist for supplying all the necessities for the comfort and protection of the soldier on duty, and hospital supplies for those confined to hospitals. With characteristic enthusiasm our people lavish their bounties upon every organization which promises to supply the suffering with their charitable offerings. From the Sanitary Commission, which distributes the generous contributions of our citizens on a liberal scale in all the camps and hospitals of our widely extended army, to the most limited village society, the most commendable activity prevails among the people in supplying the wants of our citizen soldiers. They fill every hospital to which they have access with the most substantial foods and drinks; they have but to learn the wants of any class or condition of soldiers, and the supply is imme-

diate, and, of course, always timely. No one can fully appreciate the value of the voluntary associations of the country for the relief of sick soldiers, and especially the great central organization, the Sanitary Commission, who has not walked through the wards of a military hospital, and listened to the feeble protestation of the sick against stale bread and sour molasses as a diet, and had the privilege of supplying promptly, butter, jellies, wines, etc., etc., fresh from the country, without the formality of official routine. Many of the dark and repulsive phases of war are relieved by the spontaneous outgushing of a people's sympathy for their noble defenders. War is thus knitting heart to heart, state to state, section to section, in closer, holier, and more lasting bonds.

But when we pass from the free, spontaneous activity of our voluntary organizations to the sphere of official duties, we pass, as it were, from the tropical to the polar regions. All is now formality and frigidity. If there is a heart to feel, the features are stiffened, and cannot relax with sympathy; the hand is paralysed, and can give no aid. The power to relieve human suffering, sorrow, and death, are idle incentives to exertion. The official moves in a circle, his feet bound, and his eyes blindfolded. He seems deaf to all entreaties, and insensible to every appeal. He sees nothing, hears nothing, knows nothing beyond the limits of the official seat on which he has grown callous by long and undisturbed sitting. Red tape, official routine, dull and insensible formalism, are the curse of our Government, and but for the generous activity of voluntary societies, would be the ruin of our armies. From every quarter we hear the same universal complaint of want of preparation, of tardiness to meet the exigencies of battles, and, in consequence, of the sacrifice of human life, with a vast amount of needless suffering. The horrors of the battle-fields of Bull Run, Fort Donaldson, Pittsburgh Landing, Williamsburgh, etc., can never be written, and yet all occurred under circumstances which allowed of more or less complete preparation. The battle of Bull Run took place under the immediate inspection of the official head of the Medical Bureau; it was planned weeks beforehand, and admitted the most ample medical provision; yet the nation has not and never will cease to thrill with horror at the mention of its name, and the recollections of the terrible sufferings which followed the disaster. At Fort Donaldson the poor sufferers remained for days uncared for, lying on the snow; not because succor was not at hand, for private bounty had furnished an ample supply and freely offered it; but because an official, rejoicing in the glittering bauble "U. S.," could not unwind the red-tape which bound his official legs, in forty-eight to sixty hours. Pittsburgh Landing found the same army utterly unprepared in its medical department for battle, and the first assistance that reached the sufferers came from Chicago, hundreds of miles distant, by private hands, after the news of the battle was received. Here was exhibited "blood-red-tape" in its brightest colors. Tardiness and tedious formality marked every movement for days, while hundreds of wounded were weltering in their blood, unable to move a step from the spot where they fell. The recent battle of Williamsburgh was but a repetition of the same scenes, with all their sad and harrowing consequences. The wounded were left unprovided with attendants, shelter, or means of transportation, except of the rudest character. The principal provisions for the immediate care of the sick and wounded

were, as in nearly every instance, made by the Sanitary Commission or charitable associations.

In our military hospitals we find the same want of earnest and systematic labor. The sick and wounded are waiting at the threshold before the building is in readiness to receive them, though the emergency was long foretold; many of the hospitals are poorly provided with the necessary stores, though there is an abundance bound up in red-tape, near at hand. The removal of convalescents to distant localities is attended with the same delays, disappointments, and often repeated failures. The difficulties attending transportation often seem insurmountable, so circuitous is the channel through which the proper authority makes known its behests.

We recur to these facts, with sorrow and shame. The genius of our Government should make its official acts as free and prompt as are the sympathies of the people. War has its exigencies, and one of the most notable will be, we trust, the rejuvenation of every Department of Government. Already has it purged the Medical Bureau of much of its dulness, and energized its decrepid members with younger blood and a more elastic spirit. This work of reform should not cease until every department is purified, and energy and efficiency supplant dulness and stupidity.

THE WEEK.

The dangers of conflagration from the storage of inflammable oils within the city limits were last week suddenly demonstrated on a large and most destructive scale. In this accident we see the value of a Metropolitan Board of Health controlling such sources of destruction of human life and property in the adjacent cities, and their waters. An evening paper gives the following account of the fire, with some very practical suggestions:—

"If the wind had been westerly yesterday the greater part of Williamsburgh would probably have been destroyed, and this through the carelessness of some person while handling petroleum, which was unloading from a lighter alongside a dock on which a great quantity of the same exceedingly combustible oil was stored. A cask fell and broke open; the gases arising from the spilled oil caught fire, as is reported, from a lighted cigar in the mouth of a laborer on the vessel, and in an instant the lighter was in flames. As the flames reached the remainder of her cargo, barrel after barrel exploded, increasing the fierceness of the flames, which presently caught on the dock and spread destruction all around.

"Fortunately this happened on the waterside. But there are in the heart of the business part of New York numbers of buildings in which these extremely combustible oils are stored. We could point out a single block which contains not less than five or six such depots of petroleum and kerosene, and this in one of the most crowded business centres. Suppose such an accident should happen in one of these warehouses. It may occur at any time; for the very walls and floors, even the pavements outside the buildings, glisten with the spirit-oil, and the slightest touch of flame in a favorable spot would kindle a fire which might lay in ashes property to the amount of millions.

"We have no doubt that the proprietors of these warehouses use great care to prevent such accidents. They would do this for their own interest. But they ought not to be permitted to store any such hazardous substance within the city limits. They should be forced to keep their depots without the city, and let those who retail these oils bring in their daily supplies, under proper restrictions, and on condition of keeping these in depots constructed for the purpose. It is not permitted to store gunpowder in the

city limits; but these coal and earth oils are almost as formidable as powder. The subtle gas which comes from them, carburet of hydrogen, when mixed with a volume of oxygen, or of atmospheric air, will explode like gunpowder on contact with fire. It does not need a flame to kindle it. We hope to see our city authorities take such action in this matter as will at once relieve our business community from a peril which grows every day greater, from the rapid increase in the rock oil and kerosene business.

By an Ordinance introduced into the Common Council of this city, a new hospital for sick soldiers is to be established by the city, adding another and most important charity to the large number already devoted to the disabled volunteers. The committee of the Common Council to whom the subject was referred, have reported favorably on accepting the building in the Central Park, known as the "Academy of Mt. St. Vincent," which has been tendered to the city by the Central Park Commissioners. This building was formerly in charge of the Sisters of Charity, and "is beautifully situated on the high, bluff land overlooking Harlem, and the villages on Long Island and Westchester county, together with the islands on the East River, the Palisades on the Hudson, and the beautiful and varied landscape of the Central Park; it is large, commodious and airy, well ventilated, and affording accommodations for at least six hundred patients; it is surrounded by beautiful grounds, embracing some five or six acres of the most beautiful portion of the Central Park; it is easy of access, while sufficiently removed by distance from the annoyance arising from the idle curiosity of passers-by." The general charge of the affairs of the Institution will be confided to the Sisters of Charity. The following is the proposed list of Medical officers:—

Consulting Surgeons.—VALENTINE MOTT, M.D.; ALEX. H. STEVENS, M.D.; WILLARD PARKER, M.D.; GURDON BUCK, M.D.; ALFRED C. POST, M.D.; JAMES R. WOOD, M.D.; WM. H. VAN BUREN, M.D.; THOMAS M. MARKOE, M.D.; WILLIAM DETMOLD, M.D.; ALONZO CLARK, M.D.; JOSEPH M. SMITH, M.D.; ISAAC WOOD, M.D.; JOHN T. METCALFE, M.D.; HENRY D. BULKLEY, M.D.; EDMUND R. PEASLEE, M.D.; JAMES O'ROKKE, M.D.; CHARLES HENSCHEL, M.D.; JAMES ANDERSON, M.D.

Attending Surgeons.—JOHN J. CRANE, M.D.; HENRY B. SANDS, M.D.; THOMAS C. FINNELL, M.D.; G. F. WOODWARD, M.D.; E. KRACKOWIZER, M.D.; J. K. MERRITT, M.D.; J. S. THEBAUD, M.D.

Attending Physicians.—WM. H. DRAPER, M.D.; ABRAHAM JACOBI, M.D.; GEORGE B. SWIFT, M.D.; ELSWORTH ELIOT, M.D.; F. N. OTIS, M.D.; E. B. BELDAN, M.D.; MARK BLUMENTHAL, M.D.

Resident Physician and Surgeon.—J. J. CONNOLLY, M.D.

By the recent Act of Congress there is to be appointed a number of Medical Storekeepers. The Adjutant-General has issued the following General Order in relation to their appointment:—

"The following are the regulations which will govern the appointment of Medical Storekeepers under the first section of the foregoing Act of Congress:—

"*First:* A Board of not less than three medical officers will be assembled by the Secretary of War, to examine such applicants as may by him be authorized to appear before it.

"*Second:* Candidates, to be eligible to examination, shall not be less than 25 years or more than 40 years of age, shall possess physical ability to perform their duties satisfactorily, and shall present with their applications satisfactory evidence of good moral character.

"*Third:* Candidates will be required to pass a satisfactory examination in the ordinary branches of a good English education, in pharmacy and materia medica, and to give proof that they possess the requisite business qualifications for the position.

"*Fourth:* The Board will report to the Secretary of War the relative merits of the candidates examined, and they will receive appointments accordingly.

"*Fifth:* When appointed, each Medical Storekeeper will be required to give a bond in the amount of \$40,000 before he shall be allowed to enter on the performance of his duties."

THE members of the Chicago Sanitary Commission, PROF. ISHAM and MR. PATTON, who visited Pittsburgh Landing with hospital supplies, speak in the following complimentary terms of DR. HENRY S. HEWITT, Medical Director, who, it will be remembered, was suspended from duty, on account of charges preferred against him:—

"We met also Dr. Hewitt, the Medical Director of Gen. Grant's forces. Though, since our mission, he has been suspended, to allow inquiry into the charges preferred against him upon previous matters by parties at Cincinnati, concerning which we have no knowledge, and express no opinion, we must do him the justice to say, that in thoroughness of professional knowledge and plans for the army, he is one of the ablest surgeons whom we have met in the service, and has uniformly treated us with perfect courtesy, and co-operated willingly and actively in our measures. And inasmuch as many have attributed to his incompetence or neglect, the destitution of medical and hospital supplies after the battle, we would barely state three facts:—1. Dr. H. made application, in vain (we have seen and read the official answer), nearly a month before the battle, for a supply adequate to such an emergency. 2. On the Sunday after the battle, the regimental hospital supplies on hand were plundered by the enemy, when the camps were taken. 3. General Buell's army, in its haste, left its supplies behind. Hence there was no possible way of caring for 3,000 to 5,000 wounded men, unexpectedly thrown upon the hands of the surgeons. Even rags and bandages were wanting, except as we supplied them, and new sheets were torn up by the surgeons for such use, while we turned over to the medical purveyor a large part of our stock of chloroform, his own being entirely exhausted!"

WE have alluded to the prospectus of the "Medical Register of the City of New York for 1862," prepared by DR. GEO. H. TUCKER; the work is now issued, and fully sustains the recommendation which we then made. It embraces all the local statistics of the profession for the past year, connected with our societies, colleges, and public institutions, with a large variety of other useful information. This work is very much needed, and its inception, as well as execution, reflect honor on its author. It deserves such liberal support of the profession as will enable the compiler another year to add largely the scattered materials of the history of medicine in New York.

LOSSES IN THE MEDICAL DEPARTMENT OF GEN. BANKS' ARMY.—The loss in medical men was large. Dr. Mitchell, First Maryland, wounded and captured at Front Royal; Dr. Gillespie, Twenty second Indiana, left at Strasburg; Dr. Porter, Assist. Surgeon U.S.A., left at Strasburg; Dr. Leland, 2d Massachusetts, captured on the field at Winchester; Dr. Johnston, Fourteenth Indiana, captured on the field at Winchester; Dr. Adolphus, Best's regular battery, remained to take care of sick captured in ambulance; Dr. Bissell, Assistant Surgeon, Fifth Connecticut, captured; Dr. Stone, Assistant Surgeon, Second Massachusetts, captured at hospital in Winchester.

Reviews.

ESSAI D'UNE BIBLIOGRAPHIE UNIVERSELLE DE LA MEDECINE, DE LA CHIRURGIE, ET DE LA PHARMACIE MILITAIRE. Part I. VICTOR ROZIER, Editeur. Paris. 1862.

THIS interesting volume, which the medical public owe to the indefatigable industry of M. Rozier, will, we are sure, recommend itself to the profession as one of a special character. No similar compilation, we believe, exists in any language, and probably no other person could have been selected better fitted for the task than the accomplished gentleman who has edited it. Some idea of the importance of the science of Military Medicine may be inferred from the fact that the list of works mentioned in this first part reaches the high number of 4,424! Many of these works are of course out of print; but of most of them M. Rozier can furnish one copy at least. We have personally examined his stock, also that of other Parisian booksellers, and are confident that no other person can furnish such treasures of Military Medicine, Surgery, and Pharmacy as he.

J. O.

THE CONNECTICUT RIVER VALLEY MEDICAL ASSOCIATION.

THIS Society held its Third Annual Meeting at Bellows Falls, Vt., May 7, 1892. The President being absent, DR. LYMAN BROOKS of Acworth, N.H., was elected President pro tem.

DRS. CROWLEY, of Mount Holly, and N. GROUT BROOKS, of Acworth, were then elected members of the Association. The Association then proceeded to the election of the following officers for the year ensuing.

PRESIDENT, W. H. THAYER, *Keene, N.H.*
VICE-PRESIDENT, H. H. PALMER, *Ludlow, Vt.*
REC. SECRETARY, H. G. HOLTON, *Putney, Vt.*
COR. SECRETARY, S. G. JARVIS, *Claremont, N.H.*
TREASURER, SAM'L NICHOLS, *Bellows Falls, Vt.*

The President then called upon the members successively to state what diseases had prevailed in their several localities since the last meeting.

DR. SIMONS, of Saxton's River, reported an epidemic of measles of mild type, there being nothing of particular importance to be noticed.

DR. SAWYER, of Springfield, mentioned the following cases: 1st. A woman seven months advanced in utero-gestation was attacked with measles. The eruption was very slight. There was present from the first considerable congestion of the lungs, with aphonia. She passed on to her full time and was delivered of a dead child. She did not recover from the aphonia, and was left in an anemic and anasarctous condition. He wished to inquire the influence of measles upon pregnant women.

2d. A man was seized, as he supposed, with severe pain in one of the molar teeth. He applied to a dentist, who extracted it. The pain increased, with swelling of both face and tongue. Suppuration followed, and exfoliation resulted. He would inquire what the Pathology of the case was. Was it one of simple periosteal inflammation? If so, would it not be best to cut down, as in other cases? Dr. Crane, of Springfield, had seen many cases of exfoliation of the alveolar processes.

DR. CROWLEY, of Mount Holly, reported the case of a man who was ill three or four weeks with severe pain in the side of the head. At the end of this time a swelling appeared near the mastoid process of the temporal bone, the whole side of the face and neck being also slightly swollen. He made an incision of about an inch in depth without reaching any pus—a deeper incision, however, gave vent to a large quantity of thin sanious pus. Subsequently it was found necessary to make an opening three or four inches below. Dr. Scott, of Plymouth, also

saw the case and confirmed the statement of Dr. Crowley; but could not understand why there was not more swelling with so large a quantity of pus. In answer to a question from Dr. Hallen, Dr. Crowley stated that there was considerable pressure from below upwards. Dr. Holton then remarked, that it was probably one of those cases in which inflammation occurring in the deep structures, pus had burrowed beneath the deep cervical fascia. This is a strong areolo-fibrous membrane, the superficial layer of which passes in front of the clavicle, and is lost upon the pectoralis major muscle. If the deep layer be traced downwards, it will be found to pass behind the clavicle, extending from the cartilage of the first rib to the coracoid process, forming the fascia costo-clavicularis. Owing to this disposition of it, we sometimes have pus burrowed here and discharged upon the chest.

DR. PORTER, of Paper Mill Village, N. H., reported a severe case of puerperal convulsions in which venesection and opium were used without controlling them. He then resorted to the use of ether, and subsequently to ether and chloroform combined. The effect of this anæsthetic was continued for twenty hours. The labor progressed favorably. There were no convulsions after delivery, but he thought there was still some cerebral disturbance. Dr. Graves, who saw this patient with Dr. Porter, remarked that chloroform combined with ether had a much better effect than ether alone, and that when the effect was most powerful, the contractions of the uterus were most forcible.

DR. SAWYER had seen several cases, which were preceded by cephalalgia, in which he had recourse to copious bleeding, which resulted favorably. Dr. Crane considered the pathology to be pressure on the motor nerves, and thought that might be removed by venesection and cupping. Dr. Crowley had seen five cases, all of which had occurred after delivery. He had relied on phlebotomy and cathartics, with cold applications to the head. DR. GREGG, of Newport, remarked that in an extensive practice of over fifty years, he had seen a good many cases both previous and subsequent to delivery. He thought that in all cases where the contents of the uterus had not been removed, the first thing to be done, would be to remove it. He then gave the history of several cases which illustrated this. Chloroform and ether he had never used, but he would state, for the benefit of the younger members of the profession, that he had bled a patient to the extent of thirteen pounds in a day with great benefit.

On motion of DR. WEEKS, adjourned for dinner until two o'clock.

The meeting was called to order at two P.M. and on motion of Dr. Holton, Dr. Crane was invited to read a portion of the statistical report sent in by Dr. Webber. This related to epidemic diseases, and was listened to with great interest.

DR. STYLES, of Windsor, called the attention of the fellows to the bench splint, which he had used with great satisfaction. It could be easily manufactured from the materials always to be found about dwellings.

DR. SCOTT related the case of a man who came under his observation with ununited fracture of the femur of eleven months' standing, which he succeeded in uniting by means of semicircular bands of iron. Strips of iron sufficiently long to extend over the seat of the fracture were placed anteriorly and posteriorly, the rings being then applied by means of screws, which pressed upon the parallel pieces.

DR. PORTER presented, and gave the history of an acephalous fœtus.

The following gentlemen were then appointed a committee to compile and publish the statistical reports:—DRS. THAYER, WEBBER, WHITING, HASELTON, and HOLTON.

On motion of DR. GREGG, the following gentlemen were appointed a committee to examine the claims of candidates for admission:—DRS. GREGG, SAWYER, CROWLEY, HIGGINSON, and ZWITCHEN.

On motion of Dr. Jarvis, the July meeting will be held at Brattleboro, and the autumnal one at Windsor. Dr. Edmunds then moved to instruct the Secretary to present the proceedings of the Society to one or more journals for publication.

The association then adjourned to the first Wednesday in July.

H. D. HOLTON, *Rec. Sec.*

Correspondence.

HOSPITALS AT FORTRESS MONROE.

NEW YORK, May 31, 1902.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Having recently returned from Fortress Monroe, I send you a brief statement of some of the objects of interest in the military hospitals of that vicinity. The old Hygeia Hotel, attached to the fortress, has been converted into a military hospital, with several hundreds of beds occupied by sick and wounded soldiers. About two miles west of this is the Chesapeake Hospital under the supervision of Dr. McCAR, Brigade-Surgeon. The principal building in this locality is a large edifice known as the Chesapeake Female College; besides this, there are connected with this establishment two detached cottages and a considerable number of tents. There are six or seven hundred beds in the establishment occupied by medical and surgical patients, including a large number of soldiers wounded at Williamsburgh at the great battle on the 5th inst. Between the Hygeia and the Chesapeake Hospitals is the Mill Creek Hospital, under the supervision of Brigade-Surgeon HUNT. This is a gigantic shanty, containing two hundred and fifty beds occupied by soldiers who were wounded at Williamsburgh. The situation of the Mill Creek Hospital is low and marshy, and the air around it is redolent with foul odors. Among the wounded in these hospitals are many of the confederate soldiers, although the large majority is composed of men who fought for the stars and stripes. The soldiers of both armies are treated with equal kindness and care, and I have abundant evidence that the wounded rebels appreciate fully the kindness with which they have been treated.

All the wounds which came under my observation, were inflicted at the battle of Williamsburgh on the 5th inst., and they came under my notice on the 12th, exactly a week after the battle. They were then in a state of imperfect suppuration, the sloughs not yet having been thrown off. Nearly all of them were occasioned by musket or rifle balls, either conical or spherical. Some of them were occasioned by buck-shot or small bullets fired from revolvers. A few were occasioned by fragments of shells. In a few instances balls were lodged in the tissues; but, in most cases, they had passed through the body or limb, and had escaped through a second opening. In one instance, a single ball had made six holes, having passed through the fleshy part of both thighs and through the scrotum, without apparently injuring either testicle. In another instance, a ball had passed through the right forearm, and through the right side of the thorax, making four holes. In one case, a ball passed through the right side of the corpus cavernosum, thence through the root of the scrotum, and through the left side of the corpus spongiosum, making a free passage for the urine through the perineum, and without injuring the thigh. A young man from Mississippi was shot through both lungs: he discharged from the wounds enormous quantities of bloody and purulent fluids. He survived the injury more than three weeks, and almost to the last had sufficient strength to sit up when his wounds were dressed. One man had a wound of the hip-joint, the ball having passed through the great trochanter, and thence through the head of the femur, and across the dorsum of the ilium to the cleft of the nates. He lived eleven days after the injury. Another with compound fracture of the thigh

near its middle, with extensive shattering of the bone, and with very profuse suppuration, survived the injury about three weeks.

There were a number of cases of secondary hæmorrhage. The first occurred ten days after the infliction of the wound. The case was that of a young man in whom the ball had passed from the upper and inner part of the thigh, a little below the pubes, down to the upper and outer part of the leg near the head of the fibula. The hæmorrhage was sudden and profuse, the blood issuing from the upper wound. As the track of the ball was very extensive, and the exact situation of the opening from which the hæmorrhage proceeded quite uncertain, I applied a ligature to the femoral artery, a little below the origin of the profunda. On the afternoon of the same day, I was called to see the patient again, being informed that bleeding had recurred. On opening the wound, I found a small recurrent artery near the lower part of the incision which I had made throwing out a jet of dark blood. I tied this little vessel, and there was no return of hæmorrhage, but the patient died of pyæmia eight days afterwards.

The next case of secondary hæmorrhage occurred on the day following the preceding case, viz. eleven days after the battle. It occurred from a wound in the mouth traversing the right side of the neck behind the angle of the jaw. The hæmorrhage was arterial and profuse; I tied the primitive and internal carotid arteries. The hæmorrhage did not recur, but the patient died from exhaustion about thirty hours after the bleeding took place.

The third case of secondary hæmorrhage occurred from a wound in the axilla, fourteen days after the battle. The hæmorrhage was very copious, and the patient appeared much exhausted. I cut down into the axilla, and tied the artery above and below the wound. I found that the median nerve had been severed by the ball, and that gangliform enlargement had taken place at its proximal extremity. All the cases of secondary hæmorrhage which I saw were from the tenth to the sixteenth day after the injury.

Hoping that this hasty sketch may be of interest to your readers, I remain yours, etc., A. C. F.

Medical News.

YELLOW FEVER ON BOARD A SPANISH WAR STEAMER.—The matter of the Spanish war steamer, *Don Antonio Ulloa*, was brought before the Commissioners of Health, and it being satisfactorily established that several cases of yellow fever had occurred on board prior to her departure from Havana, the following resolution was adopted:

Resolved, That in consequence of yellow fever having been on board the Spanish war vessel *Don Antonio Ulloa*, while in the port of Havana, the Health Officer be requested not to permit the ship to approach nearer than three miles from this City; and that no intercourse be allowed between the vessel and the City, except such official intercourse as may be necessary.

THE civil registration of births, marriages, and deaths in England and Wales, began on the 1st of July, 1837. By the end of last year, six months short of a quarter of a century, this astounding number of names had been registered and transmitted to Somerset House: Persons married, 7,086,700; births, 14,278,790; deaths, 9,605,536; in all, 30,971,026, or more than the entire population of the United Kingdom at the present day.

By order of GEN. BROWN, commanding in New York Harbor, Fort Wood will be exclusively devoted to hospital purposes, and is placed under the direction of Surgeon Satterlee. All sick and wounded soldiers arriving at Jersey City will be immediately transported to Fort Wood, whence they will be disposed of by being assigned to hospitals, turned over to State agents, or sent to their homes, or to Fort Hamilton, as may be directed by Surgeon Sloan.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 26th day of May to the 2d day of June, 1862.

Deaths.—Men, 77; women, 72; boys, 101; girls, 90—total, 340. Adults 149; children, 19; males, 178; females, 163; colored, 8. Infants under two years of age, 125. Children reported of native parents, 20; foreign, 129.

Among the causes of death we notice:—Apoplexy, 8; infantile convulsions, 14; croup, 11; diphtheria, 10; scarlet fever, 18; typhus and typhoid fever, 6; consumption, 58; small-pox, 7; dropsy of head, 20; infantile marasmus, 17; cholera infantum, 5; inflammation of brain, 10; of bowels, 17; of lungs, 15; bronchitis, 4; congestion of brain, 11; of lungs, 4; erysipelas, 9; whooping cough, 3; measles, 2. 157 deaths occurred from acute diseases, and 28 from violent causes. 222 were native, and 118 foreign; of whom 73 came from Ireland; 54 died in the City Charities; of whom 12 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

May, 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity Sat. 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	.	.	.	.	.
25th.	30.10	.04	60	48	70	9	13	N.W.	1	510
26th.	30.10	.08	60	48	70	9	18	N.W. to S.W.	.08	510
27th.	29.70	.40	54	50	61	8	4	N.E.	10	516
28th.	29.80	.30	60	50	70	5	7	N.	5	642
29th.	29.80	.20	60	48	71	7	10	N. to S.	.05	600
30th.	29.80	.10	63	56	70	6	8	N.E. to S.E.	6	660
31st.	29.53	.04	60	48	70	7	10	N. to S.	4	600

REMARKS.—25th. Fine day, with fresh wind. 26th. Clear, wind fresh at mid-day. 27th. Light rain, one-half inch in all. 28th. Variable, light rain mid-day, clear late P.M. 29th. Fine day. 30th. Variable, light rain P.M. 31st. Very light rain at 6 A.M., variable sky during the day.

MEDICAL DIARY OF THE WEEK.

Munday, June 9.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M.
Tuesday, June 10.	{ BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M.
Wednesday, June 11.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 12 M. EYE INFIRMARY, 12 M. NEW YORK ACADEMY OF MEDICINE, 8 P.M.
Thursday, June 12.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, June 13.	{ EYE INFIRMARY, 12 M. BELLEVUE HOSPITAL, Dr. McCready, half-past 1 P.M. NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M.
Saturday, June 14.	{ NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

The Examining Committee of Bellevue Hospital will meet at the house of DR. JAMES R. WOOD, No. 2 Irving Place, on Thursday, June 12, 1862, at half past 7 P.M., for the purpose of examining candidates for Junior Assistants to Bellevue and Blackwell's Island Hospitals to fill four or more vacancies in said Institutions. Gentlemen will send their applications and references to the chairman at once.

JAMES R. WOOD, Chairman of Examining Committee.

DR. ELISHA HARRIS

HAS REMOVED TO

No. 43 EAST TWENTY-THIRD STREET,

Between Fourth Avenue and Madison Square.

DR. JULIUS HOMBERGER,

Specialty: Diseases of the Eye,

has removed to

24 West 12th Street.

OFFICE HOURS: { From 9—11 A.M.
" 5—6 P.M.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, May 10, 1862.

An Army Medical Board will assemble

in Washington, D. C., on the 1st of June next, for the examination of applicants for admission into the Medical Corps of the Army. In addition to the ordinary requirements of moral character, medical and surgical knowledge, good academic education, and sound physical condition, the applicants must be familiar with the principles of hygiene and the conditions necessary to the health of the troops in hospitals, camps, and transports.

Applications must be addressed to the Secretary of War, through the Surgeon-General; must state the residence of the applicant, and the date and place of his birth. They must also be accompanied (references will receive no attention) by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff.

Applicants must be between twenty-one and twenty-eight years of age. No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment; but those who are approved and receive appointments will be entitled to transportation on obeying their first order.

There are now, and soon will occur, several vacancies in the Medical Staff.

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P. W. BEDFORD,

PHARMACEUTIST,

REMOVED TO

745 Sixth Avenue, near Forty-fourth Street,

Opposite Sixth Avenue Railroad Depot.

Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn. References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

THE FIRST NUMBER OF THE American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.

WILL BE OUT IN THE COURSE OF THIS WEEK.

CONTENTS.

On Diphtheritis of the Conjunctiva. By Dr. Graefe.
On Strabismus Concomitans. By the Editor.
The Universal Society of Ophthalmology.
Journalistic Reports.
Paris Correspondence, etc., etc.
Subscription Price for one year (six numbers), \$2.00; sample numbers, 25 cents.

BAILLIERE BROTHERS,
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BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Clinical Essays, by B. W. Richardson, M.D. 8vo. London, 1862. \$2.00.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Gmelin (L.) Hand-Book of Chemistry. Vol. I. 2d Edition, revised. 8vo. London, 1861. \$2.25.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

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Epilepsy: its Symptoms, Treatment, and Relation to other Chronic Convulsive Diseases, by J. R. Lloyd, M.D. London. \$1.25.

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This Tissue is always reliable, being of a uniform strength and blistering in six hours. It is neat, handy, economical, and of a great convenience for *Physicians* (principally country *Physicians*) *Pharmacologists*, and *Puilliers*. Generally used in the civil practice; it is the only one employed in the active armies and hospitals of France.

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BLANCARD'S PILLS OF IODIDE OF IRON.

Every physician, every work of medicine, regards the Iodide of Iron as an excellent preparation, uniting the properties of both Iron and Iodine.

Each pill contains one grain of Iodide of Iron, the dose is two to four pills a day. None are genuine which have not a reactive silver seal attached to the lower part of the cork, &c., &c.

BLANCARD, Phen., No. 40 Rue Bonaparte, Paris.

BONJEAN'S ERGOTINE & DRAGÉES OF ERGOTINE.

Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of *Secale Cornutum*, minus its poisonous substance. In consequence, *Bonjean's Ergotine* may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of *Bonjean's Ergotine* is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

LABELONYE, Phen., No. 19 Rue Bourbon Villeneuve, Paris.

QUEVENNE'S IRON AND DRAGÉES OF IRON BY HYDROGEN.

Physicians desirous to have a faithful article, will prescribe *Genuine Quevenne's Iron*, which is always uniform and reliable, and quite different from the commercial Iron by Hydrogen.

It comes in small bottles, with a tin spoon containing two grains of Iron, which is a dose.

E. GENEVOIX, 14 Rue des Beaux Arts, Paris.

LEBEL'S SAVONULES OF COPAIVA, &c., &c.

The unfriendly action of Copaiva on the stomach, causing nauseous eructations and gastric derangements, renders its continued employment often impossible. In Lebel's Savonules, the Balsam, by its saponification with an alkali, is modified in such a manner, that its digestion is easy and its absorption more ready, besides its elegant form and disguise under a coating of gluten, recovered by sugar as a dragée, neither offend the sight nor displease the palate.

PIERLOT'S VALERIANATE OF AMMONIA, FOR NERVOUS AFFECTIONS.

This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia*, *Epilepsy*, *Convulsions*, *Hysteria*, &c., &c.

Dose.—Two to three teaspoonfuls daily.

PIERLOT, Phen., 40 Rue Mazarine, Paris.

E. & S. FOUGERA, Pharmacutists, New York and Brooklyn,

GENERAL AGENTS FOR THE ABOVE PREPARATIONS.

N.B. PHARMACEUTISTS AND WHOLESALE DRUGGISTS will find it to their advantage to send for our new Price Current, in which the prices of Imported French Medicinal Preparations are much reduced.

BOUDAULT'S PEPSINE,

Successfully prescribed in *Dyspepsia*, *Gastralgia*, in slow and difficult digestion, in chronic diseases, and also to arrest vomiting during pregnancy.

Dose.—Fifteen grains in powder, two or three times a day, just before eating.

LABELONYE'S GRANULES OF DIGITALIS.

Each Granule contains one-third of a grain of Hydro-alcoholic Extract of *Digitalis Purpurea*. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations*, *Aneurisms*, and *Hypertrophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

Dose.—Four to ten Granules daily.

LABELONYE, Phen., 19 Rue Bourbon Villeneuve, Paris.

FRUNEAU'S ASTHMATIC PAPER.

This paper contains a determined quantity of Nitrate of Potash, Belladonna, Hyoscinum, Stramonium, and it burns well, and its pleasant fumes near the patient, in a closed room, relieve immediately all oppressions.

FRUNEAU, Phen., NANTES, FRANCE.

E. & S. FOUGERA'S COMPOUND DRAGÉES OF SANTONINE.

These Dragées compound of Santonine and Jalapine are at the same time vermifuge and purgative—being coated with sugar they are pleasant to take, even for children. Each Dragée contains half a grain Santonine and one-fifth of a grain of Jalapine, with chocolate and coated with sugar.

Dose.—Ten to twelve a day for an adult, repeated three days.

GELIS & CONTÉ'S DRAGÉES OF LACTATE OF IRON.

Approved by the French Academy of Medicine.

The superiority of action of the Lactate of Iron is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis*, *Whites*, *Amenorrhoea*, and general debility. Each Dragée contains one grain Lactate of Iron.

Dose.—Two to three, three times a day.

PAULLINIA-FOURNIER,

Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia*, *Headache*, convulsions of the stomach, &c., &c. It is favorably spoken of by Drs. Troussseau, Pidoux, Grisolles, &c., &c. No. 28 Rue d'Anjou St. Honoré, Paris.

E. & S. FOUGERA'S DRAGÉES AND SYRUP OF PYROPHOSPHATE OF IRON.

The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility*, *Anemia*, *Dyspepsia*, *Neuralgia*, and principally where a nervous tonic is indicated.

Doses.—Two to four Dragées, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Record says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as codliver oil. Dose.—A teaspoonful two or three times a day.

No. 19 Rue Bourbon Villeneuve, Paris.

Original Lectures.

LECTURES ON

NEW REMEDIES AND THEIR THERAPEUTICAL APPLICATIONS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.

By SAMUEL R. PERCY, M.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE VII.

RESINA JALAPÆ.—JALAPIN OF COMMERCE.

GENTLEMEN:—In one of our previous lectures we fully discussed the botanical characteristics and history of the jalap root, so that we need not in the present lecture again refer to them.

There are very few of the new medicinal preparations that vary more in their effects upon the system than the jalapin of commerce. This variation in the strength is owing to the different methods by which the commercial jalapin is prepared. I have seen samples that were but slightly purgative in doses of ten grains, whereas that which is properly prepared should act freely in the dose of one to three grains. The difference in effect is not owing to the variation in the different samples of jalap root used, but to the different methods of preparation by the venders of the article; for some are not content with giving all the resin the jalap contains, but in addition put with it the watery extract.

A great many analyses of jalap root have been made; all, of course, varying, because different samples of the root have been used. The most complete analysis is that made by Gerber, but there are a large number of others that are equally valuable in a commercial view as the amount of the active principle is given. Of these latter analyses, we shall select several, as they show at a glance the value of the jalap root, both medicinally and commercially.

GERBER'S ANALYSIS.

Hard resin,	78
Soft resin,	82
Slightly acid extractive,	17.9
Gummy extractive,	14.4
Coloring matter,	8.2
Unocryst. sugar,	1.9
Gum with some salts,	15.6
Vegetable albumen,	3.9
Bassorin starch,	9.2
Water,	4.8
Salt of lime, magnesia, and potash,	8.6
Loss,	4.6
	100.0

HENRY'S ANALYSIS.

	Light.	Sound.	Worm-eaten.
Resin,	12	9.6	14.4
Extractive,	15	25.0	25.0
Starch,	19	30.4	20.6
Woody fibre,	54	42.0	40.0
	100	100.0	100.0

S. PERCY'S ANALYSIS.

	False Jalap condemned by Drug Examiner.		Good official.		Very fine on string.
	First.	Second.	First.	Second.	
Resin,	4	9	17	14	23
Extractive,	9	8	13	24	28
Starch,	11	15	18	21	22
Woody fibre,	76	74	46	41	27
	100	100	100	200	100

It will be seen by these analyses, that the amount of resin in true official jalap varies very greatly, being as small as 9.6 in an analysis made by Henry, and as large as 23 in an analysis of a very superior quality of root, made by myself. The United States Government requires that no jalap shall be imported that does not yield 11 per cent. of

AM. MED. TIMES, VOL. IV., No. 24.

resin. It will be seen, in the analysis given by Henry, that the worm-eaten jalap yielded a larger amount of resin than the other samples, and, therefore, it has since been argued, and universally taught in the books, that worm-eaten jalap was to be preferred for making the resin; but this is false reasoning, and is not according to facts. I will grant that the worm-eaten jalap is generally very dry, and, therefore, should yield a larger percentage than the same weight of root that is moist; but that the worms eat the starch, as it is alleged, and leave the resin, is all fiction. Years ago I tried a number of experiments to settle this question. I divided whole roots of jalap, and weighed them accurately, keeping one-half in a tightly closed jar, and putting the other half with jalap that was infested with worms until it became worm-eaten, and lost from six to fourteen per cent. in weight. This latter would powder much more easily than that kept in a jar, and when exposed to the drying box lost less in drying, but the percentage of resin, in an equal weight of the dried powders, varied but a mere trifle. The results were alike in three such experiments. You can draw your own inferences as to whether it is better to purchase a good sample or a worm-eaten one; but if you will visit the drug mills you will find that in jalap and many other substances, the age of administering worms in powder has not entirely passed away. It will be plainly seen, by comparing the analyses of Henry, that the worm-eaten root was originally the best jalap, as it contained, even after it was worm-eaten, a large amount of starch and a much less amount of woody fibre than the other samples.

In the analysis that I have given above of false jalap, I am happy to say that a very large quantity that came to this port was condemned by the Drug Examiner. The small amount of resin that I obtained from it was not purgative in doses of two grains. The last analysis given was of small selected roots, sliced in uniform-sized pieces, and put on strings to dry. I have seen but few such samples in the market.

Method of Preparing the Resin.—There are a great many formulæ for the preparation of this article, but the one I prefer is a modification of that of Christison. Into a glass or earthen displacement apparatus a layer of animal charcoal is introduced; upon this, coarsely powdered jalap, mixed with about one-half its bulk of animal charcoal, is placed. The whole is moistened with alcohol (eighty-six per cent.), and allowed to stand for twenty-four hours; percolation is then allowed to proceed, and fresh alcohol added until the percolate precipitates but little resin upon being dropped into water. The whole of the percolate is mixed, and the alcohol distilled off at a low heat until two-thirds of the alcohol have passed over. The residue is then slowly poured into cold water, from which the resin separates. It is then thrown upon a stretched strainer and washed with water, and dried. It may be kept either in rolls or powdered.

When thoroughly dried, this resin is nearly all soluble in alcohol; it is insoluble in oil of turpentine and fixed oils. It is soluble in alkaline solutions. A portion only is soluble in ether, amounting to 25 to 35 parts in 100. This portion soluble in ether is called the Soft Resin, while that part insoluble is the Hard Resin, or the Jalapin of Hume. A peculiar change takes place in this resin of jalap after it has been subjected to the action of ether. In a very interesting essay written by Mr. John Long, in the *Am. Jour. Pharm.*, vol. xxiii., p. 487, "On the Resins and Aqueous Extract of Jalap," he here states that after exhausting the ordinary resin successively with cold and boiling ether, which abstracted 32½ per cent. of soft resin, the residue "was treated with several portions of alcohol 95 per cent., both hot and cold, but was found to be only sparingly soluble in that menstruum, entirely soluble in diluted alcohol and boiling water;" and he repeated the experiment on medicinal resin, carefully prepared on a previous occasion, with like results. I have repeated these experiments of Mr. Long's, and find they are correct.

As I have before stated, a large quantity of the commercial resin is but of about double the strength of jalap

powder, and is prepared by making an aqueous extract, and mixing it with the resin. Although jalap root, when treated with water, does yield a portion of its resin, this resin is wholly absorbed from the aqueous extract by alcohol, and the residuum is quite inert. The resin taken up from this aqueous extract by alcohol is purgative in an equal degree with that prepared by alcohol as above directed. They are both hydragogue cathartic in doses of one to four grains. The soft resin extracted by ether is rather more active than the two resins combined, the hard resin being, in my experience, rather slower in its operation than the soft, and not so apt to gripe. The aqueous extract, if prepared from fresh jalap root, is slightly purgative, but if made after the extraction of the resin by alcohol, is quite inert. The addition of the aqueous extract to the commercial article is therefore fraudulent. Mr. Bullock has found a sample of "hard resin of jalap" in the market, which owed all its medicinal activity to 34 per cent. of resin of gamboge.

Professor Proctor (*Am. Jour. Pharm.*, vol. xxix., p. 108) gives a formula for the preparation of a fluid extract of jalap, which is intended to be a solution of the resin principle formed into a soap with carbonate of potash, and sweetened with sugar. His formula is a hydro-alcoholic fluid extract of jalap root, containing the strength of a fluid ounce of the root thus extracted in one fluid ounce of extract. It is in my opinion liable to two objections—uncertainty in its action, and unpleasantness of taste—both of which may be obviated to a great degree by using the resin in place of the jalap root. We have shown, by a number of analyses, that no two samples of jalap root contain the same amount of resin; we therefore have with every different sample of the extract a difference in strength. The hard resin does not possess a very unpleasant taste, nothing like the nauseous taste possessed by the hydro-alcoholic extract. I have, therefore, been in the habit of using the following formula in preference to that of Prof. Proctor:—Take of the hard resin of jalap, 384 grains; carbonate of potassa, 2 drachms; sugar, 4 ounces; diluted alcohol, sufficient to make the whole 8 fluid ounces. The resin is rubbed in a porcelain mortar with a portion of the diluted alcohol and the carbonate of potash; the balance of the diluted alcohol and sugar are then added. The mortar is placed on a sand bath, and heat applied until the sugar is dissolved. Each fluid drachm of this extract contains six grains of the resin, the maximum dose required; and the dose may at all times be easily calculated, as each minim contains one-tenth grain of resin. This has but little taste, but it can be further disguised by adding a little essence of anise-seed or ginger. This resinous soap of jalap is less irritating, and less apt to gripe, than the resin administered without the combination of an alkali.

Of the pathological effects and therapeutic application of jalapin, we need say nothing in this place, as we most thoroughly discussed them in our lecture upon Jalap.

In the *Oporto Medical Gazette*, Dr. Caucellas describes a case of poisoning by *arum maculatum*. A healthy child, three years old, while playing about, met with a basket containing the flowers, fruits, and roots of the plant, which had been collected for the benefit of the pigs after boiling. The child chewed and ate some of them; and, on returning to his parents, complained of burning in the lips and mouth. When seen by the doctor, the child was in a state of prostration; he did not speak, but often raised his hands to his mouth and throat, and occasionally uttered a piercing cry, rising up as if suffocated. The lips, the palate, the tongue, the amygdalæ, pharynx, etc., were swollen; and pain at the epigastrium was felt on pressure. He could not swallow, and died asphyxiated during the night.—*Brit. Med. Jour.*

Among the Representatives from New York devoting much time to the sick at Washington, is Mr. Wall, of Brooklyn, who donates to those wounded in battle all the compensation he receives as a member of Congress.

Original Communications.

REPORT OF THE MILL CREEK HOSPITAL, FORTRESS MONROE.

By FREDERICK D. LENTE, M.D.

OF GOLD SPRING, NEW YORK.

THE Hospital, which is a temporary wooden structure about two hundred and fifty feet in length, by about sixty in breadth, and sixty feet high at the greatest elevation, is situated on the Peninsula, about a mile from Fortress Monroe. There are at this time no partitions, and the one ward is no doubt the largest in the world, containing two hundred and fifty beds.

I opened the hospital by order of Dr. John M. Cuyler, Medical Director, on the 11th of May. The wounded, who had arrived the previous night from Williamsburg, were rapidly brought in by the ambulances. Most of them had received little or no surgical assistance since the battle, nearly a week before, as they were during all that time *in transitu* by ambulance or transport from the battle-field. But few operations had been performed.

I divided the building into four wards, which were separated merely by the aisles, running lengthwise and crosswise, and intersecting in the centre of the building. The beds were then arranged in sections of twelve each; each section having two rows of six each. There were twenty-two sections; and, as the nurses were relieved every six hours, it was necessary to have forty-four nurses, that each section should have one. Each ward had a *ward master*, and, when practicable, was also supplied with two extra nurses for following the surgeons during their rounds. The nurses were supplied by detailing soldiers from the regiments encamped near by; and one of the greatest annoyances I had to contend with in organizing and managing the establishment, was the frequent change of nurses; as, each day, some of them would be recalled to their regiment, and a new set detailed. This is a very serious evil in the military hospitals, and might, apparently, be easily remedied by enlisting a certain number of men as *nurses*. The soldiers were generally very *willing*, very respectful, and attentive; but, necessarily very ignorant of their duties, requiring incessant watchfulness and instruction. To prevent confusion as far as possible, in an apartment containing, during most of the day, some three hundred souls, patients, nurses, surgeons and assistants, visitors, etc., etc., all strange faces, I marked the nurses with red badges, the assistant nurses with white, the ward masters with yellow. By this some approach to order was secured.

The *wounds* were mostly made by musket balls and buckshot. When a bone was implicated, it was generally shattered into numerous fragments, which were, in many cases, driven far and wide among the surrounding soft parts. When the bone had been struck by a minié rifle ball, it shattered it at the seat of the wound, and then split it up and down for some distance. There were only two bayonet wounds, and but few shell wounds. Many wounds were apparently made by a flanking fire, as the balls perforated the arm, and either the walls of the chest, or the muscles of the back, making four openings, or passed through both thighs, except when the bone was struck.

I have been able to classify 214 cases, with regard to the *seat* of the wound. There were—of the *foot*, ten cases; of the *hip*, thirteen; of the *knee*, some involving the joint, and some the bones forming the joint, eighteen; of *lungs*, five; *walls of the chest*, eleven; *leg*, thirty-eight; *thigh*, thirty-six; *shoulder*, twenty-one; *genitals*, six; *skull*, three; *neck*, five; *face*, nine; *spine*, one; *arm and forearm*, seventeen; *hand*, six; *back*, three; *walls of abdomen*, seven; *abdomen*, five.

Six of those wounded in the *thigh* were also wounded elsewhere, some in more than one situation; four of those of the leg, five of the genitals, the wounds generally involving the buttock or thigh, five of the hip, five of the arm,

two of the walls of the abdomen, five of the shoulder, three of the walls of the chest. In some cases, there were four, five, or six different wounds, and yet the patients doing well. Many of the arm cases were very severe, necessitating amputation at the shoulder-joint, or excision of the joint or shaft. The wounds, generally, in this and the other hospitals, were difficult of management—more so, Prof. W. Parker remarked, than any he had seen.

On admission, the wounds involving bones, and through the knee, and the few stumps, were in a very unfavorable condition. Of the flesh wounds, although generally of a complicated and severe character, most of them were in a good condition, and continued to progress remarkably well; water dressings being generally used. The wounds of the lungs did well; the patients suffering from them, had all expectorated more or less blood at first, but it had ceased when they entered the hospital. In one case, the ball entered at the lower part of the right lung, and emerged above the spine of the scapula, perforating the lung from bottom to top. The man suffered for a few days with pain and cough, and required the use of anodynes, but subsequently did well. It would seem from the experience of this hospital, and I believe the same remark would apply to the other hospitals, as far as I could learn, that a gunshot wound of the femur is far more dangerous than one of the lung. If, however, the ball should pass directly through the rib, shattering it, the case would be much more serious. In one of the two fatal cases, the ball passed directly through the middle of the sternum. One interesting feature of the gunshot wounds was the frequency of secondary and of recurrent hæmorrhage, and its obstinacy. This is not so remarkable in military surgery; but it is not so common to have, as we did frequently, secondary hæmorrhage in cases where the amputation, or other operative procedure, was done through perfectly healthy parts, at a distance from the track of the ball. In the first operation performed in the hospital, the ball had passed below the knee, and the advice of more than one surgeon was to amputate at the joint; but, fearing a subsequent sloughing of the posterior flap, I decided to go above the knee. Yet this man died on the sixth day of secondary hæmorrhage. The hæmorrhage, in all the cases, occurred before the period of ulceration of the ligature through the arterial coats. It is to be regretted that *post mortem* examinations of the stumps were not made, but it was utterly impossible without neglecting the urgent wants of the living. The matter was, however, afterwards discussed with several distinguished surgeons, to whose attention I brought the subject.

Dr. W. Parker had occasion to examine one case where death occurred from hæmorrhage after both ends of the wounded femoral had been tied by Dr. Bontecou in the Hygeia Hospital. He found the portion of artery between the ligatures sloughy, and that the slough had extended above the upper ligature, thus causing the fatal hæmorrhage. A similar instance has fallen under his notice during the present war. The general opinion was that the hæmorrhage is, in most cases, due to sloughing of the artery above the ligature, and that the sloughing is due to a depraved condition of the patient's blood, brought on by unfavorable hygienic conditions before and after the battle. Let us briefly examine what these conditions were. For some weeks before the army of the Potomac moved from that river, the men had been exposed to a great deal of rain and dampness; and for four weeks after they landed in the peninsula, they were more or less wet day and night, the rain scarcely ever ceasing; added to this, the labor which they performed must have been prodigious.* And, amid so much rain and mud, with the necessity of avoiding fires as much as possible, it is to be presumed that the proper cooking of food could not have been systematically attended to. Finally, a forced march through deep mud on the heels of a flying enemy, to Williamsburg, then an attack

under a pelting rain, on the entrenchments, and a hard fight of several hours, then the wounded lying for some hours in the mud and rain, then jolted over horrible roads to the York river; then, after further delay, crowded on transports, where they could neither get suitable food nor proper surgical attendance, then the trip down the river, then another transference to ambulance, and conveyance a mile further to the hospital. Fatigue, loss of blood, loss of sleep, starvation; for such food as could be served under these circumstances was not that which the severely wounded could eat. Is it to be wondered at that the blood of these patients should have been dark, thin, diffused, and defibrinated? But few operations had been performed on the field; and the bad cases, those of compound fracture especially, were in an exceedingly unfavorable condition for operation when admitted. The battle was fought on Monday, and they were admitted into the hospital on the Monday following. The limbs were in many instances greatly swollen, infiltrated, and discolored. In some cases, to wait was certain death—a painful, lingering one. To amputate was almost equally certain to insure death, but there was a forlorn hope, with a brave and hopeful patient, of saving life; and if death should ensue, it was a speedy and painless one. Once, I amputated close to the hip-joint in such a case; the patient died on the table soon after the completion of the operation, never recovering consciousness after inhaling the ether. Once, Dr. Alden March did the same in the lower part of the thigh, with a fatal result, a little less speedy. In many of the less desperate cases, where secondary hæmorrhage did not necessitate immediate operation, we waited in the hope that the general condition of the patient would be improved by the better hygienic conditions in which he was placed, and by the better food and nursing. But the local condition continued to grow worse, and if the patient rallied a little at first, he soon reached a point beyond which he could not be raised, and he then began to sink again. And we can hardly wonder at this, when we reflect on the conditions of the wound—a bone shattered into numerous fragments, and often split upwards and downwards almost to the adjacent joints, especially when a conical ball inflicted the wound; these fragments often driven into the surrounding muscles. This was the condition of most of the cases in which we amputated, and excised. Dr. Macleod, in his "Notes on the Surgery of the War in the Crimea," well describes the condition of these wounds when left to take care of themselves—"I myself examined the limbs of a large number of men who died at Scutari during the early part of the war, and, in not a single instance almost, did I observe the slightest attempt at repair; but, on the contrary, invariably found a large sloughing chamber filled with dead and detached fragments of bone, shreds of sloughing muscle, and destroyed tissue, into which the black and lifeless bones projected their irregular extremities, and across which, lying in every direction, but seldom in the axis of the limb, were dead and detached sequestra, the 'fracture-splinters' of the accident." What was to be done with these cases under the circumstances? Clearly, one of two things—either amputate, and remove a source of irritation at once, or make a large incision, remove all foreign bodies, as splinters of bone, balls, etc., saw off the jagged ends of bone if expedient, put the limb in as immovable a position as possible, and hope for subsequent approximation of fragments, and a restored limb. Both these expedients were frequently resorted to. Excision of the continuity of the femur, of the os brachii, and of the shoulder-joint, were liberally practised in the different hospitals. This was strikingly the case in the general hospital under Dr. Bontecou, where a large number of excisions were performed; the results of which, it is to be hoped, he will one day give to the profession. My connexion with the hospital ceased before the results of all our cases could be ascertained; but very many were fatal, especially the amputations; secondary hæmorrhage, sloughing, and exhaustion carried them off. *Pyæmia* was very rare, and we

* If any one wishes to form some idea of it, let him visit the vast roads, entrenchments, batteries, etc., stretching for miles in front of Yorktown, which General McClellan constructed in about three weeks' time.

had only one case of *tetanus*. To quote again from Macleod—"The depressed condition of body to which the hardships of war had reduced the men, made a severe compound fracture of the femur synonymous with death." I must quote still further from Dr. Macleod's language, so descriptive of what I myself noticed. "Many of our patients looked very well at first—appeared perhaps strong enough, and expressed such a confident hope in the result, as almost to deceive their surgeon. The injury might not appear very severe; the bone was undoubtedly broken, but it might not be much comminuted; and thus we flattered ourselves, and began a trial hopefully, which always ended in disappointment. The golden opportunity was allowed to pass, and so we entered on a road which led to death, whether through the portal of amputation or any other. The struggle soon began; suppuration set in. The disease which lurked in the 'blood and bone' showed itself."

Now, it may be asked, in view of the utter helplessness of these cases when left to themselves or to secondary operations—Whether it would not have been far preferable to have operated on the field, or as soon after the battle as practicable? If the worst cases had been amputated, and the more favorable cases of compound fracture incised freely, and the loose fragments of bone and rough ends removed, and an extemporized splint placed on the limb, it is certain that the journey would have been far better borne, and probably the wounds in a far better condition. Says John Bell, "it is less dreadful to be dragged along with a neat, amputated stump, than with a swollen and fractured limb, where the arteries are in constant danger from the splintered bones; and where, by the least rude touch of a splinter against some great artery, the patient, in a very moment, loses his life." The wounds of the knee-joint, especially, should have received earlier attention, as they are the most fatal of all, according to the large experience of the Crimean war. They were in a dreadful condition when admitted; the treatment pursued was generally to make a free opening on either side, and remove the ball if it had not made its own way out, and make a free outlet for the unhealthy discharge. But the cases, as usual, progressed unfavorably. At the present day, there seems to be a disposition to sacrifice too many lives at the altar of conservative surgery. Long ago such was the case; but nearly all the great authorities in military surgery finally came to the unwelcome conclusion, that to save life the limb must be sacrificed. It was found that, in the very cases of compound fracture of the femur where the patient survived, it was only to suffer from tedious necrosis, and abscess, and exfoliation, and to drag a comparatively useless limb after him the rest of his life, or finally to submit to amputation as a less evil. If such were the unpleasant experiences of the days of spherical balls—of Bégin, of Ribes, of Larrey, of Guthrie, of Hennen, of Dupuytren, of the French surgeons in the Crimea, according to the testimony of Macleod, how much more likely is it to be our experience with the terrible minié bullet?

A branch of Conservative Surgery, which might be more extensively cultivated by surgeons, is, the *prevention of all unnecessary loss of blood* in all operations, but especially in those pre-eminent designated *conservative*, large incisions about the joints, or along the shaft to remove fragments, or to resect. When the patient is already exhausted by hæmorrhage, and other unfavorable circumstances, the additional loss of an ounce or two of blood might turn the scale against him; and it is certain that several ounces are often lost in these operations from small vessels, before they retract and are plugged up by the saving clot. Now, without the delay of a minute or two, half-a-dozen of the little ingeniously contrived serrefines might be put on to as many spiriting arteries, and by the time the operation has been completed the clot has formed, and they may be removed. A general order insisting on the use of these little auxiliaries would save more lives and limbs than that which urged the substitution of exsection for amputation.*

* In a new "field case," and a very excellent one, just arranged by Dr. Gilbert of the army, he has included a number of these little instruments.

Those wounds treated in the Mill Creek Hospital, which did not involve fracture of the large bones, or injury of large arteries, that is, a very large majority of all admitted, although many were complicated and severe, were progressing remarkably well: about fifty had so far improved at the end of a week as to be transferred to a transport for conveyance to convalescent hospitals. During the first week only twelve deaths occurred. The ventilation of the building was almost perfect; in this respect, superior to any of the other hospitals; and, amid all the confusion and inconveniences incident to a hospital of this character, special attention was paid to the nutrition and comfort of each patient, a liberal supply of all necessaries, and many luxuries, having been furnished through the energy of the medical director, Dr. Cuyler, who merits the warmest gratitude of the thousands of sick and wounded who have passed under his supervision, and the devoted kindness and liberality of Mr. Barclay of Philadelphia, and Mr. Hayward of the Sanitary Commission.

This paper has, under the circumstances, necessarily partaken largely of a rambling and desultory character, and has extended itself to rather an inconvenient length, I fear, for your Journal. I had intended to notice the triumphant success of *sulphuric ether* as an anæsthetic in military surgery, as far as it was demonstrated in the Mill Creek Hospital, where no other anæsthetic was used, at least during my superintendence. But it must be deferred to another time and another paper.

COLD SPRING, June 2, 1862.

REMOVAL OF A TUMOR

INVOLVING THE PAROTID AND SUBMAXILLARY GLANDS;
DESTRUCTION OF THE TEMPORO-MAXILLARY ARTICULATION;
REPRODUCTION OF JOINT, AND
CURE OF PATIENT.

By E. S. COOPER, A.M., M.D.,

PROFESSOR OF ANATOMY AND SURGERY IN THE MEDICAL DEPARTMENT OF
THE UNIVERSITY OF THE PACIFIC, SAN FRANCISCO.

SOME of the more prominent features of the following case were given in the *San Francisco Medical Press* during the progress of cure. I now give it in detail.

Case.—Miss S. F., æt. 14, was admitted into the Pacific Clinical Infirmary, in consequence of an enlargement of two years' standing, involving the parotid and sub-maxillary glands. The tumor had grown internally until it almost filled the fauces, giving rise to great difficulty in both deglutition and respiration, and these difficulties were rapidly increasing. The tumor was nodular, and very hard on the outer side. The ramus and angle of the inferior maxilla were pressed out of their places over an inch. The face was prodigiously deformed, the length of the tumor from the outer to the inner side being over three inches.

Operation. April 20, 1861.—The operation was commenced by ligating the common carotid artery above the omo-hyoides muscle. An incision was then made commencing at the upper part of the one made for ligating the artery, passing directly in front and terminating one inch above the ear. A large long flap was then dissected forwards, exposing the exterior of the tumor, which was soon found to involve not only the parotid and submaxillary glands, but all intervening tissues.

The tumor being now found so much enlarged on the inner side of the jaw that it was impossible to remove it without either cutting away the ramus of the jaw or otherwise detaching the masseter, temporalis, and pterygoid muscles, disarticulating the temporo-maxillary joint, and drawing the jaw forwards to make room for extracting the tumor, the latter method was adopted. The masseter was first cut away from its attachment to the zygomatic arch with the scalpel, after which a chisel was used and the ligaments concerned in the temporo-maxillary articulation divided. The attachments of the other muscles were also removed with the chisel, after which that side of the jaw, being set free, could readily be moved forwards to a con-

siderable extent. The detaching of the muscles from the bone also destroyed the adhesions of the tumor to it, which were firm on the inner surface of the back portion of the ramus. This part of the bone had been absorbed by the pressure of the tumor until it was as thin as paper.

The manner of removing these attachments with the chisel may require explaining, since the instrument is seldom or never used by others for this purpose, but it is a most excellent means of detaching the soft parts from the bones in any part whatever. It is used as follows:—The handle being held steadily in the hand, the edge is pressed close to the bone and moved in different directions, being constantly upon the watch that the instrument is kept between the bone and the soft parts containing any important tissue. To be more explicit; there is always a little space between the bone and important blood-vessels and nerves in the different regions of the body, and by keeping a cutting instrument directly in contact with the bone these can be avoided. Then, as the chisel is the proper cutting instrument for the case, its edge should be carried close to the bone with a sort of gliding motion.

The soft parts being cut away from the external surface of the tumor, it was pried out with the chisel, the attachments of the parotid gland to the deep-seated parts being exceedingly fragile and easily overcome. This difficulty, however different from what usually occurs in removing the parotid gland, was the easiest part of the operation.

Having now the posterior part of the tumor detached, and the side of the jaw movable forwards to a considerable extent, I could introduce my finger sufficiently under the angle and ramus of the jaw to seize the major portion of the tumor, and draw it outwards and backwards. This being done somewhat forcibly, its attachments to surrounding parts were shown and divided until the tumor was removed. The whole operation occupied three-quarters of an hour.

The tumor weighed seven ounces and two drachms. It was of a fibro-cartilaginous character, and had a calculus in the centre. Whether this was formed first in the parotid gland, and was the cause of the tumor or the product of it, I am unable to say. The diseased mass was completely encysted, except where it was adherent to the ramus of the jaw. This condition of the tumor aided greatly in its thorough removal.

Fortunately, the mucous lining on the inner surface of the tumor was not broken, and the hemorrhage, which was slight, from the recurrent circulation was all discharged through the external wound.

The patient rested well during the following night, and on the next day called for nourishment, which in liquid form was swallowed without inconvenience, and the little sufferer found herself in every way comfortable.

The after treatment consisted in the application of a piece of lint over the wound, which was closed by five sutures at equal distances from each other, and a roller around the head and over the chin, as is applied in fractures of the lower jaw. This whole dressing was kept wet in an evaporating lotion composed of one part of alcohol and ten of water. The evaporating lotion was applied every half hour, and continued for seven days, when it was discontinued, and poultices applied instead.

The major part of the wound made for ligating the carotid healed by first intention. The stitches in the upper part of the wound sloughed out in about ten days, so that the external surface of the ramus of the jaw was again in view, also the temporo-maxillary articulation; and at the end of two weeks the major portion of the exposed bone became covered with healthy granulations, so that the margins of the wound were approximated in order to promote the more rapid closure of the wound, which had rather been prevented previously until the condition of the bone was found favorable. During the operation, in breaking up the attachments of the muscles to the jaw, the periosteum was necessarily removed in several places, so that it was necessary to keep the bone in view until all was

found to be right with it. In destroying the temporo-maxillary articulation, the articulating face of the condyloid process was injured, and I was unwilling to let the soft parts close over the joint until everything was healthy in or about it; and having long since discarded the idea that air admitted into joints is a source of irritation, or even of the least injury, I saw no objection to having the joint exposed to any reasonable extent.

Matters progressed very kindly, and at the end of seven-teen days the commencement of the re-formation of the external lateral ligament could be distinctly noticed. In two days more, one could notice a fibrinous deposit connecting the condyloid process to the margin of the glenoid cavity, although it was so fragile that it would constantly break when the jaw was moved somewhat briskly, but soon attained strength enough to withstand the motion.

Sloughing of Bone.—A portion of the posterior surface of the ramus, and all the articulating face of the condyloid process sloughed, and was discharged at the end of seven weeks after the operation.

July 26th.—The wound is nearly entirely cicatrised, the motion of the lower jaw being almost perfect, and the deformity of the face comparatively slight.

Sept. 7th.—Improving in every respect. The wound is almost entirely cicatrised, and that over the temporo-maxillary articulation entirely so. This joint is so perfectly reproduced, that no one by looking at it simply could form an idea that it was ever interfered with further than was indicated by the cicatrix over it.

Jan. 10th, 1862.—The patient recovered in every respect, save the deformity caused by the cicatrix, and the loss of nervous power consequent upon the division of the pes anserinus, leaving that part of the face partially paralysed. This condition was constantly improving, and the tone of the parts had been so far regained that, when the mouth was quiet, no want of symmetry in the contour could be discovered on the two sides of the face. The little girl left the Infirmary to-day in excellent health and spirits, having gained seventeen pounds in weight since the operation.

EXPERIENCES IN

THE PRACTICE OF MILITARY SURGERY.

By DAVID P. SMITH, M.D.,

BRIGADE-SURGEON, AND MEDICAL DIRECTOR OF GEN. THOMAS'S DIVISION.

I. I DESIRE first to call the attention of the profession to amputation at or just above the knee-joint. I have performed this operation five times among the wounded at Mill Springs, and at Shiloh. In the first case, an amputation in the upper third of the leg, performed on the field by some very hasty person, to say the least, had resulted in sloughing of the flaps and protrusion of the bones. In the second a gunshot fracture of the tibia had reduced the bone to such a state of comminution that recovery was not to be hoped for, especially as the minie ball was not extricable. In the third and fourth cases, a similar state of things existed. And in the fifth a minie ball, entering between the inner hamstring and vastus, and passing inside of the popliteal vessels, had sunk deep into the posterior, inferior, and inner face of the outer condyle of the femur: from its bed it could not be extracted, even after the limb was removed, without an enlargement of the cavity; merely cartilage intervened between it and the cavity of the joint, and at the time of the operation, seventeen days after receipt of injury, softening of the bone and inflammation of the joint had proceeded to a great extent.

In three of these cases I made a circular incision perpendicular to the axis of the limb, at the height of the middle of the patella; then, dissecting up and turning back the skin to the width of four fingers, circular incision was made through the little muscular and more cellular tissue, and bone sawn just as it expands to form the condyles. This procedure, which I had often practised upon the cada-

ver at Clamart, affords the proper amount of flap. If you save more skin it is redundant.

In two cases, where the tibiae had been smashed too high up for amputation in continuity, I made lateral skin flaps, by commencing my incision just on the middle of the patella, carrying it first downwards, then curving it across the limb, and terminating it just in the middle of the popliteal space, exactly opposite the point of commencement; thus forming a lateral skin flap of about five inches in length, and of a base equal in diameter to half the circumference of the limb. A similar flap being made upon the opposite side and dissected up, disarticulation may be done, and the artery divided at the very last, if thought best. Flaps of these dimensions will neatly cover the expanded condyles after dissecting out the patella, which had better be done after the raising of the skin flaps; but to do away with the irregularity of joint surface I prefer to saw off half an inch in thickness of the cartilaginous surface of the stump. I think no one who tries this operation will regret it. This also I worked out on the cadaver. The artery, vein, and nerve, are far out of harm's way, and drainage of the stump is perfect.

II. I had two cases on board of the *Crescent City*, that I had charge of, and ran up to St. Louis, fall of the wounded from the battle-field of Shiloh, which to my mind showed that the risk of amputation at the hip had been greatly exaggerated. Two men were brought on to my boat from the battle-field, where they had lain without succor for three days with terribly shattered femurs. In each case the minié bullets had struck the bone when the knee apparently had been raised, thus causing oblique impact of the ball, and destruction of the bone for at least six or eight inches.

I advised amputation at the hip in each case, on account of the fracture being high up, and the soft tissues being much infiltrated. The gentleman to whom I assigned one case, however, preferred to amputate just below the trochanters. A little delay was unavoidably caused by the many fragments of bone, and a few hours after the operation, which was most skilfully done, the man died. In the other case I amputated at the hip-joint. After I had transfixed to form the anterior flap, and had cut down about four inches, Brig.-Surg. H. P. Stearns, of Hartford, Ct., dexterously slid in both of his hands, and compressed the arteries so accurately that on completing the flap no hæmorrhage followed. Disarticulation was rapidly effected, and a straight cut made down through the glutei muscles, so as to leave as little surface as possible to the posterior flap. The arteries in the posterior flap were tied first; I then made haste to tie the femoral and profunda, which had been perfectly controlled by my able assistant. Not more than six ounces of blood were lost in the whole operation, and but little time was occupied. The operation was done on Sunday. The following Monday he was taken on shore to one of the hospitals in St. Louis. The last that I heard from him was that on Thursday he was still alive. I have taken measures to hear further from him. It may be a successful case.

As to the result of my amputations at the knee-joint I am sorry that I cannot inform the reader. We have been so constantly on the march that it has been impossible for me to follow up the result of the cases.

In each case, however, the appearance of the patient was far better than in the case of those who had had amputation performed higher in the thigh.

III. I ligated the femoral artery in Hunter's canal in two cases, in which secondary hæmorrhage occurred from gunshot wounds received at Mill Springs.

In the first case I was called at midnight, and found profuse hæmorrhage proceeding from an aperture of entrance between the inner hamstring and vastus of the right leg. A tourniquet, which had been applied to prevent immediate dissolution, was of but little avail. Ordering it removed, I inserted the forefinger of the left hand into the wound, which but just admitted it, and feeling the warm

gush of blood, controlled it by pressure against the bone. Then, obtaining additional light, I made an incision both upwards and downwards from the wound, and slitting up the tendinous canal, exposed the artery, and tied it both above and below the ulceration into it. Then scooping out the clotted blood, I found the unextracted minié ball lying close behind the femur. This operation was done on the fourteenth day after receipt of the wound. The wound was lightly dressed, and the patient expressed much relief. Everything went on favorably until the third week after the operation, when a wasting diarrhoea sent in and carried off the patient.

The day after my operation upon the preceding case, my attention was called to the following one:—A small wound of entrance existed just over the inner surface of the condyle of the femur. The surgeon in attendance had not been able to pass a probe into it to any depth, and thought that the ball had rebounded from the spongy condyle. The man had just begun to complain of severe pain in the calf of the leg, and the limb was beginning to swell. No hæmorrhage occurred from the wound. Early the next morning the limb was found a good deal enlarged, and pain was severe. My diagnosis was ulceration through the coats of the popliteal or femoral artery, and consequent infiltration of the calf; I then raised the margin of the round wound over the point under which the shot must have passed had it injured the artery. Then directing a probe in the same inferred direction, it readily passed into a large cavity: still no bleeding. I cut upon the probe, and found that it led right down to Hunter's canal. A gush of blood coming, I ran my long bistoury up and down; in an instant had scooped out the coagula with my two palms, and in another instant had my finger on the artery at the ruptured point. Here again I tied above and below the opening. It was curious to observe the coagula slowly oozing up from the calf and out of the wound. The tissues in the popliteal space were greatly disorganized.

Here no reparative process took place; no granulations formed in the wound; the extremity became gangrenous; a diarrhoea, which he had had for months, increased, and he sank. This operation was done on the sixteenth day after receipt of the injury.

IV. I wish next to call attention to two cases of excision of the shoulder-joint, that a little comment may be made upon some points. Had I been upon the ground I should have advised the performance of these operations soon after the receipt of injury. As it was, the operations were not done until, in the one case the 17th, and in the other the 19th day after the battle. In both, I made a simple straight incision down through the deltoid to its insertion. In these cases the bone being in fragments, deprives you of all leverage; however, the incision I speak of enables you easily to pick out the fragments and disarticulate. It is difficult to convey an adequate idea of the destruction or *devastation* done by the minié balls in these cases. Large and small, needle and chisel-shaped fragments of bone had been driven; just as if the bullet had been a minute shell and had exploded in the joint, into all the surrounding soft tissues. By the continued irritation—"ubi irritatio ibi fluxus"—the parts had become gorged with blood, which oozed forth abundantly upon every disturbance of the fragments. With all this oozing of blood there were spicula to be dragged out from the muscles and from direct contact with the axillary artery, vein, and nerves, which were imbedded like arrows shot into the parts, all making these the two most unpleasant operations I ever did. The sooner after the receipt of injury these excisions are done, the more fortunate and perfect will be their results. One of these cases died from pyæmia; the other did well. Two months after the operation, I heard that the wound had nearly closed, and he was beginning to use the arm.

V. In two instances, I removed a large amount of fragments from the shaft of the humerus, in each instance equal to at least two and a half inches of the entire shaft. In each of these cases it was the finger alone, introduced as a

probe, that conveyed any adequate idea of the extreme comminution of the bone. Indeed, in military surgery it is, in almost every instance, folly to place any reliance upon or attempt to gain accurate information with an ordinary probe. In these cases, too, the *dispersive* effects of the minié ball were clearly shown, for, not only were fragments of bone driven into all the surrounding tissues, but in one case, where the ball infringed just below the insertion of the deltoid and passed entirely through from the front, I found by my finger a fragment driven into the elbow-joint from between the coronoid process of the ulna and the articulating facet of the humerus. About two months after these operations, I heard that the arms had become rigid and were being used. I mention their having become rigid because I thought there was much danger of false joint, inasmuch as the excisions had occurred at the favorite place for that complication.

VI. The bullet forceps of Tiemann & Co., New York, deserves particular and extended notice. It has time and time again enabled me to extract bullets, that all other forceps had failed to move. I am not extravagant when I say that, in comparison with it, none other is worthy of the name bullet forceps. Indeed, I can truly say that, among the endless variety of instruments that I brought home from the Old World a year ago, I have not one for any purpose so triumphantly perfect as this bullet forceps of Tiemann.

Reports of Hospitals.

BELLEVUE HOSPITAL.

REPORT OF CASES OF MENINGITIS TREATED WITH IODIDE OF POTASSIUM.

[Reported by F. R. LYMAN, M.D., House Physician.]

CASE I.—Ann Gammon, married, native of Ireland, æt. 39. Admitted Sept. 24, 1861, with a child seven months old (service of Dr. FLINT). Her history was obtained from her friends.

History.—Patient is generally healthy, of temperate habits; has had otorrhœa since childhood, the discharge ceasing about three weeks previous to her illness. Thursday, Sept. 19th, complained of headache all the morning; at 9 A.M., on going up stairs this pain suddenly became intense, and she was obliged to sit down. She screamed with the pain, which she described as going through her head like a knife, and then fell into a comatose state, from which she could not be aroused. At 10 A.M., an hour later, she began to vomit, which she continued to do at intervals until the 22d. She was roused partially from her stupor, so as to show that she heard any one who spoke to her suddenly, and with a loud voice. Several doses of oil and other purgatives were administered, but not retained. Enemas were given, but without causing a movement of her bowels.

Symptoms on Admission.—Patient lies in a semi-comatose condition, rouses up when called by name, replies to questions slowly and with a thick voice. Pupils contracted, but they respond to light; has photophobia; tongue large, thickly coated with a white fur; pulse 72, hard; extremities cold; indicates her head as the seat of her trouble; bowels not opened for over a week, according to her friends. Ordered, *B. Ext. colocynth. co., gr. v.; ol. tigii, gutt. j.; M. ft. pil. Sinapisms and frictions to extremities.*

25th Sept., 9 A.M.—Patient in same condition. Bowels freely opened; had a very large black dejection. Ordered blisters to nape of her neck and temples. 26th.—Pulse 100, and of a jerking character; has slept some; the cornea has become less, and she answers questions more readily. Dr. Flint ordered pot. iod., gr. v., three times a day. There is a partial paralysis of the left arm to-day, and her mouth is drawn to the right side. The sensation and motion of the left arm are very much affected. Lower extremities

are normal. 27th.—Patient for first time asks where she is, and about her children. Complaints of the loss of power in the left arm. Has pain in head yet; says she does not remember anything since she had the severe pain on the stairs. Oct. 14th.—Patient's history from 26th is merely a record of her progress towards complete recovery. The pot. iod. was continued as long as there were any symptoms of disturbance. The face became straight, and the left arm and hand recovered their strength, though this was the last to be restored. Her urine was examined repeatedly, without finding a trace of albumen. The pain in her head was combated with repeated blisters, and was entirely relieved when she went out.

CASE II.—Mary Miller, æt. 26, native of Ireland. Admitted to the Hospital Dec. 3, 1861 (service of Dr. Thomas). She was a well nourished vigorous appearing girl of moderately intemperate habits. Predisposed to phthisis. Menstruated at 14, always regular.

Monday, Nov. 24th, was taken sick with a severe pain in her head and limbs, and vomiting. Two or three days after her first attack she had a chill. Bowels regular until the 1st inst., since when she has not had a movement. Has had sleepless nights; has become very weak, and her appetite is lost; the pain in her head has been constant. Says that there was a boy sick much the same as herself in the house where she was living.

Symptoms on Admission.—Face and neck congested, eyes suffused and injected. Countenance dull, intellect slow. Skin hot and moist; she has a few petechial spots on the abdomen; abdomen somewhat distended, without tenderness; pulse 120 and quick; tongue moist, thickly coated with a white fur, large and tremulous; her head is very hot, and pressing on her forehead gives her pain. Nurse reports that since she has been in the ward she has had three spasms, in which she moved her head from side to side quickly, and frothed at the mouth. On physical examination of the thorax, crepitant râles were heard at the base of the lungs posteriorly as she was raised up, but they soon disappeared. Over the sternum there is a slight œdema of the tissues, no œdema of the feet. Ordered a blister, three by four inches, to the nape of the neck. Dec. 4th, 9 A.M.—Pulse 102, quick and small; tongue same; surface hot and dry; eruption very marked; intellect slow; breathes with an expiratory moan. The physical signs are as above noted. The blister drew well, and the pain in her head is relieved somewhat. 6 P.M.—On examination, converging strabismus is found to exist, more marked in the left eye; has vomited her dinner; has had another spasm. Ordered emplastr. vesicat. three by three inches, over both temples; *B. Calomel, grs. x.; ice to the head.* Dec. 5th, 10 A.M.—Pulse 120; tongue large and coated; surface very hot and dry; countenance anxious, and expressing much suffering; pupils normal; pain in her head intense; has slight photophobia, with diplopia. While noting her case she was seen in one of the convulsions alluded to before. She frothed at the mouth and gnashed her teeth, but did not move her head or limbs. Did not sleep last night; is much more stupid than on her admission. 4 P.M.—Pulse 120, soft and compressible; inclines to sleep; does not answer questions as readily as heretofore. Dr. Thomas ordered eight leeches over the occiput; ice continued. *B. Pot. iod. ʒiv.; aq. cinnamom., aquæ puræ, aa, ʒj.; M. ft. mist. D. ʒj. q. 4 h. (grs. v.)* Dec. 6th, 10 A.M.—Pulse 108; general condition the same; has not slept any, but lies in a semi-comatose state, rousing up on being suddenly called. Since last night her urine, which was treated on her admission without finding anything abnormal, has been re-examined with heat and nitric acid, and found to contain albumen: *Sp. gr. 1015.* Dec. 7th, 9 A.M.—Pulse 106; pupils normal; photophobia present; capillary congestion around the face and neck very marked; intellect very slow; bowels have not been open since the operation of purge. 7 P.M.—Bowels continuing confined, she was ordered calomel, grs. x., which was immediately rejected, and she was then given grs. viii., which was re-

tained. Dec. 8th, 10 A.M.—Pulse 120; tongue clean; surface natural; has no pain in the head; bowels were not moved by the calomel; to have a saline mixture. 7 P.M.—Pulse 104; has slight pain in her head; bowels freely opened; has slept some during the night; pain in her head entirely gone; answers questions more readily than before; photophobia less; strabismus and diplopia are much improved. 7 P.M.—Sleeping. Dec. 10th, 9 A.M.—Pulse 96; tongue large and moist; whenever she turns in bed she has some pain in her head; slight strabismus still present; appetite begins to return; treatment continued. Dec. 11th to Dec. 16th.—Continued to improve; pulse ran at 72 for three or four days. The strabismus entirely disappeared. 7 P.M.—Strabismus again present; pulse 96; tongue natural; pain in her head, with slight photophobia and diplopia. Ordered cold to the head, and blisters to the temples, pot. iod. cont. Dec. 17th.—Same symptoms as yesterday, only more marked; blisters to the back of her neck repeated; bowels confined since the 13th. Ordered calomel, grs. x. Dec. 21st.—From this date the patient continued to improve without further drawback until she went out. The strabismus existed long after she got up, and for some time there was considerable unsteadiness of gait. But she gradually recovered from these, and Jan. 22, 1862, patient was discharged well.

Remarks.—The greatest interest was felt in this case throughout, and especially when it first came under notice, from the difficulty of making a differential diagnosis between meningitis and typhus fevers. The fact that the patient came from a neighborhood which had sent many cases to the fever wards, and that there had been another patient sick in the same house, and finally, the presence of the petechial eruption, all led to the primary opinion that it was typhus fever, but the subsequent progress of the case cleared up all doubts, and the result of the treatment exceeded the most sanguine expectations that were entertained in regard to it.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, April 26, 1882.

DR T. C. FINNELL, PRESIDENT, IN THE CHAIR.

(Continued from page 332.)

OVARIAN TUMORS.

DR. PARKER exhibited a multilocular ovarian cyst, which had been removed by ovariectomy from a lady, thirty-one years of age, the mother of three children, the youngest born last June. In January, 1861, on account of enlargement of the abdomen she supposed herself pregnant, but her physician having some doubts about it a consultation was called some time in June, when ovarian dropsy was discovered. She was then tapped, and about twenty pounds of ropy fluid evacuated. The canula remaining in at that time for three or four days a considerable degree of local peritonitis was excited. The fluid, however, reaccumulating, the operation for tapping was performed several times at intervals of four or five months. When first seen by Dr. Parker, about the 1st of April, she was relieved by tapping of about twenty pounds of fluid, three or four different cysts being emptied. Being anxious for permanent relief in the shape of an operation, Dr. Peaslee was called in consultation, and it was decided to remove the tumor. Menstruation had always been regular, occurring about the first of every month, and accordingly the time for the operation was fixed for the middle of the month (April). On the day of the operation it was found that for twenty-six hours previous she had experienced uneasy sensations, which were referred by her to menstruation, but as no discharge had appeared it was thought best to proceed. She was placed under the influence of ether, and an incision

was made about four inches in length half way between the umbilicus and symphysis pubis down to the peritoneum. A quantity of serum then escaped from the cavity of the peritoneum itself. The adhesions in the neighborhood were very slight, and the trocar was introduced into the sac, and about two gallons of fluid were drawn off. In addition to slight adhesions at different parts of the tumor there was one about the size of a two-shilling piece existing between the sac and the under surface of the liver, and also a pretty firm band in the immediate situation of the canula, which had been left in after the first operation. When the surface of the sac was being separated, considerable hæmorrhage took place, and haste was accordingly made to find the pedicle in order to terminate the operation as soon as possible, and secure any vessels which might then be brought into view. The incision was then enlarged to ten inches, and the pedicle, about eight or nine inches in length, was found. The clamp was applied, but broke, a second one was then used, and the whole diseased mass, weighing eighteen and a half pounds, was removed. It was then found that the principal amount of hæmorrhage came from that portion of the inferior surface of the liver from which the adhesion was torn off. Pressure was first made with a sponge to control the oozing, but that procedure failing Squibb's liquid persulphate of iron was applied with the desired effect. The wound was closed with four wire sutures, and the clamp brought outside.

The operation was performed about two P.M., and at four the pulse was 120. At nine P.M., however, the patient having slept a couple of hours in the meantime, the pulse was reduced to 110. She then for the first time began to complain of uneasiness in the epigastric region. At one A.M. she began to sink, at six her pulse was 130, and at two P.M., twenty four hours after the operation, she sank and died.

The autopsy was made five hours after by Dr. Sands. The wound was found closed throughout its whole extent by plastic lymph. There were evidences of extensive adhesive inflammation over both the parietal and visceral surface of the peritoneum. There were no signs of hæmorrhage from the surface of the liver. A small amount of serum was found in the pelvic cavity, and the vascularity of the peritoneal covering of the uterus was quite marked as compared with the same tissue in the immediate neighborhood. The under portion of the liver near its right border was occupied by several soft nodules varying in size from a small shot to a cherry. A number of cysts were on the posterior surface of the bladder and uterus. The uterus was enlarged, but on being cut open showed no signs of menstruation having taken place. No graafian vesicle was found ruptured.

DR. KRACKOWIZER expressed his surprise that so much should be said by authorities on the danger of prolapsus of the intestines during the operation of ovariectomy, as the abdominal walls from their relaxed condition as the result of over-distension were incapable of exercising any contraction. A wound of the abdomen in health would of course be complicated with protrusion.

DR. PEASLEE referred to a case which he had, where in operating the patient was seized with vomiting. The administration of the ether was in consequence suspended, and the bowels came out, giving a good deal of trouble before they could be returned.

DR. PARKER remarked that he did not like the clamp, and indeed was inclined to think that in some cases, for instance where a good deal of tympanitis existed, it would be productive of a good deal of harm.

DR. MARION SIMS lastly exhibited three specimens of ovarian tumors, and gave their histories as follow:—

The first case was that of an unmarried female, about twenty-nine years of age, who enjoyed ordinary good health until five years ago, when she first noticed an enlargement of the abdomen in the neighborhood of the right iliac region. This went on increasing in size until last Fall, when she consulted Dr. Emmet. He gave it as his

opinion that it was a unilocular ovarian cyst. She returned to the country, where she resided, and came to the city again in January. She had never been tapped, was quite emaciated, and measured sixty-two inches round the abdomen. I explained to her the dangers of the operation, and the chances for success. The operation was performed last February, and when the tumor was removed it was found to be a single cyst. I procured a clamp for this case, but it was not suitable to my purpose, and I simply used a few strands of soft wire, with which I perforated the pedicle, twisting the ends on either side. She recovered with great difficulty from the anæsthetic, and vomited nearly all night. Her pulse was 108. Dr. Emmet gave her large quantities of Black Drop, by enemata. She vomited more or less for two or three days, at the end of which time she was in a very prostrated condition. I differ with Dr. Emmet in my opinion regarding the use of such large doses of opium. I suggested the propriety of smaller doses systematically administered, when from that time she commenced to improve, eventually getting well. The pedicle was some twelve or thirteen inches in extent, and was connected with the broad ligament instead of the ovary—thus, when the pedicle was drawn outside, the ovary also made its appearance. The ovary was returned and the wound closed. But during the second day the ovary was pushed out during the act of vomiting, and there it remained for three weeks, until the parts healed, when it seemed to have shrunk away and become agglutinated in the wound.

The other case was a lady about thirty years old, the mother of five children, the youngest about six years old. Soon after the birth of the last child, some enlargement of the abdomen took place, which gradually increased. About a year after, she consulted me, and, at that time, I did not think, with reference to ovarian tumors, what I do now, and accordingly gave her a very unfavorable prognosis, and advised her to prepare for death, like a good Christian woman. I saw her no more until the month of March last, when Dr. Van Buren sent her to me. Within the last two years she had been tapped four or five times. On examining the tumor, I found it constituted, in its upper part, of a large cyst, and, in its lower part, of a firm, semi-elastic kind of mass. The operation was performed about six weeks ago, in the way already described. The large sac was opened, and the tumor pulled out as far as possible, when we came to the solid mass. The abdominal opening was then enlarged to five inches, and the whole mass was removed. The pedicle was fastened, as in the former instance, with a wire. After removal, the tumor was found to be made up of a cyst, on the one hand, and honeycomb texture filled with albuminoid secretion, on the other. The recovery was complete and rapid, the pulse at no time being over 90 per minute.

The other case was that of a lady 38 years of age, who came to the city last October, and consulted Dr. Emmet. He expressed the opinion that it was a multilocular ovarian cyst, and advised her not to have it punctured, looking on such an operation as predisposing to adhesion. However, she fell into the hands of another physician, who advised her differently, and tapped her. The procedure was followed with great prostration and symptoms of peritonitis, which lasted for several days. The abdomen then filled up very rapidly, and in the course of five or six weeks the operation was performed again, and seven gallons of fluid drawn off: four weeks after she was tapped again. No unpleasant symptoms whatever followed the two last operations. After that I saw her and told her that her case was a very unfavorable one for operation—presuming from the great amount of constitutional disturbance which followed the first puncture that extensive peritonitis had taken place, followed by adhesion. I, however, proposed to her an exploratory operation. She consented to such a measure, but refused to take any anæsthetic. After the incision was made in the abdominal wall, the fingers introduced discovered firm adhesions on every side. In the

efforts to break up some of the adhesions the large cyst was ruptured, and about twelve or thirteen pounds of fluid escaped. The operation of course was not proceeded with, and the wound was closed. She went on really well for a week after the operation, when the second case already related was operated upon. Dr. Mott and Dr. Stevens were present, and the former gentleman gave me the history of a case in which he some time ago tapped a patient for ovarian dropsy, but the wound remained pervious, an almost constant discharge being kept up from the sac. That case, he said, eventually terminated favorably. The idea suggested itself to me that it would be well to imitate nature in the case of the lady who had been tapped, and with the consent of both Drs. Mott and Stevens, I took a probe and gently opened the wound. About half a gallon of fluid escaped. But in the course of thirty minutes the patient was in a state of collapse, and she vomited for twenty-four consecutive hours. She was alarmed by the constant escape of the fluid, and begged me to stop it. This I did by closing up the wound with sutures, and, to my surprise, as soon as the exudation was stopped she began to rally, went to sleep, and for two days looked as if she were going to get well, but she died at the end of a fortnight.

In conclusion, Dr. Sims remarked, that the great improvement in the operation of ovariectomy as now performed, is in bringing the pedicle outside of the abdomen, and the substitution of the metallic for the silk ligatures.

No other specimens appearing, the meeting was on motion adjourned.

American Medical Times.

SATURDAY, JUNE 14, 1862.

A REMEDY FOR AN EVIL.

THE many-sided phases of the War of the American Rebellion will furnish exhaustless themes for future aspiring historians. Its rise, progress, and downfall; its causes and consequences; its political and social bearings; its diplomacy; its romance and reality; its influences upon the progress of military, naval, and medical sciences—these are a few of its features which will be deemed worthy of record and preservation in the archives of American history. But who is to do the world the service of recording, with impartial hand, its bad surgery; the limbs wantonly sacrificed; the lives lost that would have been saved by timely operations; the unseemly incisions; the careless dressings; the neglect of medical treatment? These are not the most unimportant features of this war, but unfortunately they shun observation and record, and too frequently, alas! quietly seek the oblivion of the grave.

It were doubtless asking too much, that our surgical records of this war should be unblemished by fault or default. The principles and practice of military surgery are not all so firmly established that they can be invariably reduced to fixed rules. Too great license is still given to the army surgeon in the practice of his profession, even by our best text-books. The uncertainty arises from that diversity of opinion which grows out of statistical inquiry—too frequently most deceptive in its conclusions. But though we may not insist that the army surgeon shall have the highest degree of skill, we may require that he shall have an average knowledge of his profession, and exhibit in his practice a reasonable share of good sense and

sound judgment. This degree of knowledge should certainly be expected of one who has the unlimited power for evil of an army surgeon. We plainly do not demand too much, when we require that he should exhibit more professional knowledge and skill than a layman; and yet even this modicum of qualification is not always found, as the visitors to some military hospitals attest. There have been noticed stumps of amputated limbs in which the bone protruded several inches beyond the unsloughed flesh; others in which the flap was made by cutting from without inwards and from above downwards, instead of the reverse direction. It is true that these are very exceptional cases, but they prove, nevertheless, from what a low level the gradation of surgical qualification commences. Nor can they fail to suggest that if such utter ignorance of the mere art of surgery exists in the army, even to the most limited extent, what a deficiency in a knowledge of its science may be found. And if we trace these delinquencies to their legitimate results, who will not turn with horror from the page of history that bears their record?

We must not be understood as taking an unfavorable view of the Medical Staff of the Army at large; we believe that the surgeons in general are competent and fully adequate to their duties, and it is worthy of record that the best surgical talent of the country is represented in the corps. Nor are we deprecating a state of things which could easily have been prevented. The draft upon the medical profession of the country to supply the regiments with surgeons was excessive, and necessarily that floating class of practitioners who live by their "wits" rather than their knowledge, are ready to volunteer, and many found situations. We allude to the subject now because the sad results of incompetent, blundering, and inefficient surgery, are beginning to be apparent, and cannot longer escape notice.

Is there no remedy for bad surgery? Shall a class of surgeons in the army blunder through these rich fields which the ripe experience of the past enables us to improve, as ignorant of their duties as if in the armies of the middle ages? We think not. There is a simple remedy which the proper authorities might, and, we believe, in the interests of medical science and humanity, ought to apply.

Many of the rules of practice in military surgery are now so well established that they do not admit of question. The Sanitary Commission has done much to place these rules before the medical staff in a readable form, but they admit of much greater condensation. Let the Surgeon-General, or a Commission of Surgeons appointed by him, reduce these rules to aphorisms, provide each surgeon with a copy, and enjoin him to follow them strictly, where the rule admits of no doubt, and qualifiedly where the discretion of the surgeon *must* be allowed. It may be alleged that such a proceeding would be arbitrary, but it is simply a matter of saving life, and all individual feeling should yield. We believe, however, that the surgeons of the army would receive such explicit rules of practice with great favor, and follow them in good faith.

A LOOP OF RED-TAPE SEVERED.

We commented in our last issue upon the evils of Red-tape, and alluded, in passing, to the difficulties of obtaining the discharge and transportation home of the invalided soldiers. Simple as such a process might be made in the

hands of any business corporation, it involves an amount of detail, travel, and annoyance, that would exhaust a person of ordinary physical energies. We heartily rejoice that this complicated business is to be simplified by an Act of Congress. No one can fail to appreciate the importance of the change who has visited those invalids, scattered through all the hospitals, and listened to their tales of disappointments. An evening paper thus aptly notices the matter:—

"In the House, Mr. McPherson offered a resolution in regard to the organization of the Army Medical Department. The object of Mr. McPherson was to cut in two an annoying and harmful piece of red-tape, which had prevented the execution of a wholesome act of Congress. Congress ordered that maimed and wounded soldiers, not fit to re-enter the service, may be discharged, if they request it, outright, from the hospital where they were sent. Instead of that, for some reason of red-tape, it has been held necessary, in order to obtain a maimed and homesick fellow his discharge, to send an application and certificate to his colonel, who sends it to his brigade commander, who must forward it to the division commander, who, when he gets time, sends it to the chief of the army corps, who forwards it to headquarters, where it necessarily lies at the bottom of an increasing mountain of more pressing matters. Meantime, hundreds of soldiers are languishing in the hospitals, homesick, anxious to get home, where they could have kind words and familiar faces around them, and cannot go, because the Army Medical Department is tangled up in a monstrous mass of red tape, which could be kept clear by vigorous exertions while our army numbered eighteen thousand men, but is fatally snarled now that half a million are to be looked after."

In this connexion we cannot withhold a private communication from a surgeon of a distant city who has spent much time in the army. He will excuse the liberty we have taken with his interesting letter:—

"I coincide most fully in the views expressed in the editorial of the *MEDICAL TIMES* of Saturday last. A *terrible* responsibility rests somewhere in relation to the *provision* to meet the casualties and sickness of the *Army* of the Potomac. Many regiments were destitute of the simplest and most essential articles, and I was assured that must elapse before the articles could arrive after a requisition was made. The requisition was required to pass through two or three approvals, and finally be sent a distance varying from four to ten miles before it could be filled. I was credibly assured that the whole medical and hospital supplies of all kinds at that time there were on a *barge* not as large as most of those on the North River. And this was the amount of material for an army of one hundred thousand! Had not the Sanitary Commission come on with their enormous supplies, both for field service and fitting up transport vessels, humanity must have mourned at the fearful loss of life, for I have reason to believe, not *even a bed, sack, or blanket*, could have been spared for transport service, not to speak of the many other necessities requisite. I do not pretend to fix the blame, nor to be critical or cavilling, but I did not meet with many who seemed fully alive to the fearful emergency before them. Look at the transport service, for which not one whit of provision was made, and by whom has it been performed? True, it has been in Government vessels, but they were fitted, equipped, and controlled by the Sanitary Commission. It is fortunate for the country that such accomplished, noble hands, were ready to assume it.

"I write with not the slightest view to publicity, but simply to assure you there is very *great truth* in your statements, and that a crying need exists for simplifying the long routinism—more than all to cause those of the Medical Staff who are doing administrative or staff duty, to know their responsibility does not end with signing this

or that paper, but their personal efforts must be added to give it efficiency."

THE WEEK.

THE proper disposal of the sick and wounded soldiers of the armies of the seaboard has become, as we foresaw it must, a most important question. The hospitals at Yorktown, Fort Monroe, Washington, Philadelphia, and New York, are crowded, but the influx is on the increase. On Saturday last, the steamer C. Vanderbilt brought into this harbor six hundred and fifty wounded, a sufficient number to fill a hospital of reasonable dimensions. We are now in great danger of crowding the hospitals, already opened, to excess: it were much better to place patients in tents in the open fields. It is quite evident that the large cities of the seaboard are soon to be surrounded by hospitals, and that the sympathies of the citizens will be overtaxed by the constant and excessive draught made upon them. The proper method of meeting this exigency is to distribute the sick and wounded more widely than has yet been done. Instead of congregating them in large cities, they should be distributed in all our northern towns accessible to transports, care being taken to locate them as far as possible in the states from which they enlisted. We can mention fifty towns, and probably there are fifty more, where transports could discharge the sick directly at the door of the extemporized hospital; if each of these towns should receive three hundred patients, the total number provided with accommodations would be fifteen thousand. The advantages of this distribution of disabled soldiers would be very great. The sick would be in their native climate, and surrounded with associations tending to promote cheerfulness and health. The open country where such structures would be placed would be greatly preferable to city hospitals. The local community would take delight in bestowing their gifts personally upon the soldiers, and the supply of those delicacies for which the sick so frequently make inquiry, would be abundant. The medical attendance would be spontaneous, and untiring, and equal to any emergency. Let us then have small hospitals opened at every considerable town on the seaboard and on the large rivers, from the Chesapeake to St. John's.

We learn that Bellevue Hospital is to receive wounded and sick soldiers. This is a movement that should have been made before. At this season of the year its wards are but partially filled, and it can, without any great crowding, admit six hundred additional patients. The location of the hospital building on the East River renders it accessible to transports. The Hospital is at present in admirable condition, and we hope there will be no delay in opening its spacious and well appointed wards to the soldiers who require such accommodations.

THE House of Representatives has passed a resolution directing our Generals to subsist their armies on the enemy. If this had been the early policy of the Government it would have saved much unnecessary suffering. At the White House the sick soldiers have recently suffered greatly from insufficient food, while the cattle of rebels were allowed to graze their pastures undisturbed. A volunteer surgeon of this State caused an ox to be slaughtered to relieve their destitution, and was severely reprimanded for

his (humanity?) disregard of the rights of traitors. We shall now have less sickness and death in our armies.

THE Philadelphia College of Physicians is about to erect a Hall for its special purposes, being stimulated thereto by the bequest of \$30,000 by PROF. MUTTER. This sum was assigned to the College on condition that a building was erected within a given time. The structure will be forty-five by one hundred and seven feet, the material of brick, and it will contain rooms for a museum, library, and hall for meetings. The College of Physicians will thus provide for Philadelphia what the Academy of Medicine should provide for the profession of New York. The Academy is the leading local medical society in the United States—probably embraces most wealth, still it is content to occupy a single badly ventilated room; without one facility for a museum or library. The Academy owes it to its own reputation to secure a suitable building of its own in a central position; it would thus greatly enlarge its influence, and become the generous patron of the profession.

Reviews.

COMMENTARIES ON THE SURGERY OF THE WAR IN PORTUGAL, SPAIN, FRANCE, AND THE NETHERLANDS, from the battle of Rolicia in 1808, to that of Waterloo in 1815; with Additions relating to those in the Crimea in 1854-1855, etc. Revised in October, 1855. By G. J. GUTHRIE, F.R.S. Sixth Edition. Philadelphia: J. B. Lippincott & Co. 1862. Pp. 614.

NOTES ON THE SURGERY OF THE WAR IN THE CRIMEA, with Remarks on the Treatment of Gunshot Wounds. By GEORGE H. B. MACLEOD, M.D., F.R.C.S., formerly Surgeon to the Civil Hospital at Smyrna, etc. Philadelphia: J. B. Lippincott & Co. 1862. Pp. 403.

A TREATISE ON GUNSHOT WOUNDS. By T. LONGMORE, Esq., Professor of Military Surgery at Fort Pitt, Chatham. Philadelphia: J. B. Lippincott & Co. 1862.

THE three publications above mentioned, are timely issues from the press of the Messrs. Lippincott. The present war found us deficient in military surgical works, and so urgent was the demand, that the supply from abroad was never sufficient for the market. The reproduction of these standard works was, therefore, very important to the surgeons entering the volunteer army. Of the intrinsic value of the two first works it is not necessary to speak; they belong to the classics of surgical literature, and will long remain the best guides to the military surgeon. The last work is the reprint of an able article furnished to the *New System of Surgery*, now issuing from the London press, and embodies the present state of military surgical science and art. It is eminently worthy of reproduction in its present form.

ANATOMY, DESCRIPTIVE AND SURGICAL. By HENRY GRAY, F.R.S. The Drawings by H. V. CARTER, M.D. The Dissections jointly by the Author and Dr. Carter. Second American, from the revised and enlarged London Edition, with Three Hundred and Ninety-five Engravings on Wood. Philadelphia: Blanchard & Lea. 1862. Pp. 876.

THIS large and compendious work on anatomy has become the text-book of all our schools. As a treatise on general as well as relative anatomy, we cannot sufficiently commend it to the profession. The present edition contains the last revisions of the author, and has been rendered still more convenient for reference by the American editor.

Correspondence.

CONNECTICUT MEDICAL SOCIETY.

THE seventieth annual meeting of this society was held in the city of Bridgeport on the 28th and 29th May, with a full attendance of Fellows from the county societies. There were also present, as delegates, Drs. H. D. Bulkley and J. G. Adams from the New York State Medical Society, and Dr. Usher Parsons from the Medical Society of Rhode Island. The first day was occupied in the transaction of routine business, and in the election of officers for the year ensuing. Dr. Josiah G. Beckwith, of Litchfield, was re-elected President; Dr. E. K. Hunt, of Hartford, Vice-President; Dr. Geo. O. Sumner, of Hartford, Treasurer; and Dr. Leonard J. Sanford, of New Haven, Secretary. Delegates were appointed to attend the annual meetings of the Massachusetts, Rhode Island, New Jersey, and New York State Medical Societies. Drs. Knight, of New Haven, Hunt, of Hartford, and Beckwith, of Litchfield, constitute the delegates to the latter (New York) society. It was voted that the next annual meeting be held in Tolland county, the town to be hereafter designated by the committee. Drs. Jared Linsly and John G. Adams, of New York, were elected honorary members of the society.

In the evening the society was most hospitably entertained at the residence of Dr. Robert Hubbard of State street.

On the 29th the society convened at 10 A.M.; a larger attendance than on the day previous, amounting in all to seventy-five. Seven hundred and fifty copies of the Transactions were ordered to be printed, including the following papers:—On Diphtheria, by G. B. Hawley, M.D.; On Two Anomalous Cases of Disease, by D. Crary, M.D.; Hypodermic Medication, by B. H. Catlin, M.D.; On the Sympathetic Nerve, by M. G. Hall, M.D.; Case of Cerebro-Spinal Disease, by Ralph Deming, M.D.; Sketches of the Early Physicians of Norwich, by A. Woodward, M.D.; On Ligation of External Iliac Artery, by J. W. Lawton, M.D.; Plastic Constituents of the Blood, by L. J. Sanford, M.D. Dr. H. N. Bennett, of Bridgeport, exhibited a case of resection of the shoulder joint for an enchondromatous tumor. Patient has now the free use of his hand and arm, and is in good health. Dr. B expressed the opinion that the operation was unique; he had never heard of resection of the joint for this disease. Dr. Catlin read the report of the committee on Registration; he deplored the ill-success which had attended the labors of the committee, more particularly as regards registration in the smaller towns and villages throughout the state. The President then delivered his annual address. Dr. White, of New Haven, read a dissertation on the Spontaneous Generation of the Infusoria. Dr. Knight made some remarks in relation to the New Haven Hospital; spoke of its prosperous condition, and of its capacity to accommodate three hundred patients. Dr. Jackson, of Hartford, was chosen Dissertator for the next year; and Dr. Robert Hubbard, of Bridgeport, alternate. In the afternoon the society dined together at the "Sterling House;" Dr. Knight presiding in the absence of Dr. Wm. B. Nash. He welcomed the members of the society, delegates from other societies, and invited guests. He remarked that but one member, as old as himself, was present, and that but eight or ten remain of those who were his contemporaries.

Addresses were afterwards made by Dr. E. K. Hunt (Vice-President), Drs. Bulkley, Rockwell, Talcott, Knight of Lakeville, Deming, Hubbard, and Childs. After which the society adjourned. A.

SHELTER CLOAK-TENT.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Allow me to call the attention of your numerous readers in the medical corps of our army to a new and comprehensive *Cloak-Tent*, recently introduced to the

notice of the Belgian government, and which, although as yet but an experiment, deserves the consideration of a trial, as possibly assisting to relieve transportation trains, while at the same time furnishing the soldier with a shelter on the march as well as during the bivouac.

Capt. Sheureux, the inventor, proposes to furnish each soldier with a piece of india-rubber cloth, in the form of a rectangle, seven feet by three and a half, which on the long sides shall be pierced with eyelet-holes, having rings inserted in them. A small cord reeving through these enables the wearer, when marching in the rain, to gather one of the ends together in the form of a plaited cone; this passed over the head and hanging from the neck, entirely covers the man and everything he carries. At night, when desirous of converting it into a tent, he fastens one of the narrow sides to the earth, and elevates on a couple of sticks the opposite end—thus covering a space of about six feet by three and a half. His knapsack, serving for a pillow, is placed at the apex of the triangle thus formed, and his feet towards the open end and the camp fire. Four men by uniting their cloaks can in this way form a sort of Sibley tent. If the number of cloaks be still further increased, so as to impart a polygonal shape to the structure, there will be room enough for a fire in the centre, while the square ends of the cloth will always insure a large opening at the top for the escape of smoke and the purposes of ventilation. But this is not the general purpose sought for in their construction. They are more especially designed for one, two, or four men bivouacking by squads, and not for a larger number making a permanent habitation of it. The merits claimed for it by its author are, portability, shelter, less danger of fire, facility of construction and removal, and, lastly, by having their open ends towards the camp-fires, they conceal these latter from the enemy's observation.

Yours, etc., J. O.

ROSLYN, May 31, 1892.

MILITARY HOSPITALS.

NEWBURN, N. C., May 26, 1892.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In the years 1838-39 I had the honor, by authority of the Board of Managers of the "Preston Retreat" of Philadelphia, and by a special committee of the College of Physicians (Meigs, Ruan, and Huston), to visit the several hospitals throughout Europe in order to obtain the best plan for the erection and organization of this Lying-in Hospital in Philadelphia. A large legacy had been left by a benevolent physician for this purpose, and it was thought that something might be learned from the examination of similar institutions in Europe. In this tour, which embraced England, Ireland, Scotland, Wales, France, Belgium, Prussia, Saxony, Austria, Switzerland, and Italy, I necessarily came in contact with various hospitals designed for other purposes than obstetrics. Among the institutions which I visited, none interested me more than the military hospitals. These were to me, of course, entirely new, our country not at that time having established many of the kind. This has been the case up to the present war. Our country now finds itself in a position demanding the immediate erection of a large number of institutions for the accommodation of sick and wounded soldiers. A war carried on by one million of men in the field, even for one year only, will incur the necessity of the establishment of economical accommodations for its soldiers after the war. The truth is, the battle of Bull Run opened the eyes of the Government to the pressing necessity of fitting up immediately proper buildings for the accommodation of the sick and wounded. The consequence was, and is, that large buildings in Alexandria, Georgetown, Washington, Philadelphia, New York, and elsewhere, have been fitted up for the temporary accommodation of the wounded. I say temporary accommodation, for it is not probable they will remain as permanent fixtures after the war is over. There will be many wounded and disabled men whom the Government must take care of during their lives. There will be many sick of diseases con-

tracted in camp who will equally need care and medical attention from the Government; and there will, in future, be a much larger standing army than formerly, which will annually supply large numbers of sick and wounded soldiers to these hospitals. The Government will be generous to these men. One or more *hotels des invalides* will be erected for them. A great deal of money has already been expended under the pressure of an urgent necessity for the present accommodation of these men, and a great deal more will be spent in the same way. The fact is clear to almost any ordinary observer that this mode of proceeding cannot continue long. Some permanent, safe, and economical structures must be erected, with all the necessary conveniences and hospital accommodations; they must be erected on high and airy places, outside of the thronged thoroughfares of large cities, away from the influence of malaria, and under the influence of proper military and medical discipline. The land must be obtained cheaply, the buildings must be erected economically, on plans which promise "the greatest good to the greatest number," and the organization of the institutions so arranged as to cost the Government as little as possible. Now, I do not know what money has been spent in this direction already, but I do not doubt that enough has been spent to have erected one or two fine, large institutions of this kind. In examining the hospitals of Europe, nothing attracted my attention more than the strong disposition exhibited by the several governments, through their agents, to obtain the best possible ventilation for the hospitals. Next to this, an equal temperature was sought for, high and dry ground was selected to secure fresh air, as well as for purposes of cleanliness. In France, Germany, and Italy I found stoves or *poêles*, the latter a kind of brick-work, in general use in the hospitals. In some cases, ordinary fire-places were used. The large wards of the hospitals in Rome and Naples, in addition to having no means of heating them, had cold brick or tile floors with a central gutter running through them, through which streams of water were allowed to pass to clean out the wards. I confess I felt cold and shivery in walking through the large wards of the Spedale Maggiore of Rome, during the month of December. A new hospital the same season being built in London was heated by pipes containing heated steam, and the lying-in hospitals of the same city, the best of them, were fitted up with carpets and the ordinary furniture of a well arranged house, including a good coal fire in the grate. The ventilation in some of the hospitals, especially the older ones, was simply the ventilation of windows opened and shut; in others a single pane would open, in other cases there would be perforations in the walls with valves at the ends and sides of the wards. These were accompanied with openings in the doors or in the walls near the floor, designed to keep up continuous currents of fresh air through the wards. The further south I went the more gregarious I found the people, the larger the wards in the hospitals, and the stronger the disposition to a *table-d'hôte* life; while in England and the north of Germany the disposition appeared to be to divide up the spaces, make the rooms small with fewer inhabitants, in more numerous apartments. The expense of keeping the atmosphere at a proper temperature during the cold weather would dictate this policy as a matter of economy. English exclusiveness, in my estimation, arises in a great measure from the surly and disagreeable character of the English climate. But, to return to the matter of our military hospitals, I would suggest to the Government the propriety of preparing at once to meet this necessity of the condition of our country. Let a competent person or persons be appointed to visit Europe if necessary, organize proper plans for the erection and conducting these military hospitals, and in general have the supervision of the matter. It will require more than one year to erect the buildings alone, and they should not be begun until the best possible plans, architectural and other, adapting them to the different climates where they shall be erected, have been fully determined upon. By taking a

step thus early in this matter, the Government will save many expenses and losses, which would otherwise occur, under the pressure of necessities. I need scarcely refer you to the enormous losses of the Government occurring from the sudden calling out of half a million of men, without previous concert, consideration, or experience. There certainly have been great losses by the undoubted corruptions of the contractors of the Government, as there will be in almost any distribution of governmental patronage, but the inexperience of its agents in the duties which they were called upon suddenly to perform, is and was the real cause of many of the great losses suffered. Besides this, I would urge a movement at the present time in this matter, in order that we may have time to perfect the organization of these institutions. Our patriotic pride should induce us to make them as perfect as possible, better than those in Europe. Some of our institutions have for years been models to Europe, and there is no reason why we should not excel in this direction.

Yours, etc. JAMES BRYAN,
Brigade Surgeon, Burnside's Expedition.

FOREIGN CORRESPONDENCE.

By PROF. CHARLES A. LEE.

LONDON, May 14, 1862.

As I promised to send you some "medical jottings by the way," I embrace the first opportunity to post up to the present time. Leaving New York on the screw steamer *Kangaroo*, we had a very rough and uncomfortable passage of fourteen days before reaching Liverpool. As usual, I suffered from sea-sickness all the way. Were I to name all the remedies and specifics for this malady which were recommended me on board, from *salt water* to *chloroform*, I should have no room for anything else in my letter. Suffice to say, I tried none of them but *champagne*, a basket of which was sent me by a friend, on board the vessel; this, cooled on ice, and taken *ad libitum*, came nearer my idea of a *specific* than anything I could imagine; taken as a *medicine*, for this, and other kinds of nausea and vomiting, I give my voice decidedly in its favor. Some of my companions, miserable wretches, took *chloroform*, on some anonymous recommendation, and suffered more from the remedy, as often happens, than from the disease. *Effervescent mixtures*, like soda and seidlitz powders, and "Farrant's effervescent mixture," of like composition, answered a good purpose in some cases. Most of the sufferers consoled themselves with the idea, that the after benefits would more than compensate for the present suffering; an opinion not exactly consonant with my own experience or observations. I am not about to trouble your readers with an essay on sea-sickness; for although I know much about it experimentally, I have little knowledge of its true pathology or proximate causes. No one is better acquainted with its symptoms and phenomena than myself, beyond this I make no pretensions. I will, however, venture to offer a reward of one hundred pounds sterling, to any one who will discover a certain and infallible specific, to be paid by penny subscriptions from all who experience its benefits.

The next subject which pressed itself on my attention, especially as a sanitarian, was the miserably deficient ventilation of the ship. As I occupied a cabin nine feet square, with only four other passengers, taken promiscuously, and that situated just over or near the machinery, where the smell of oil, tar, grease, coal oil, bilge-water, etc., was overpowering, and adjacent also to the cooking department, where, if I could not eat, I had all the benefit of the various savory smells given off by the various dishes, I may say that I labored under difficulties in attaining that degree of comfort which is desirable on a pleasure trip, although it might be endured with patience were there no remedy. We have studied hygiene and sanitary regulations on land long enough to transfer some of our researches, as it seems to me, to our vessels; and especially those engaged chiefly in transporting passengers. A more perfect system of venti-

lation on board ship is the great desideratum; and I am very glad to find it is occupying more and more the attention of the medical officers of the British as well as American navy. Although the surgeons of the Royal Navy have, year after year, represented in their Reports to the Admiralty, through the Director General, the influences injurious to health which prevail on board ship, and the best means of remedying them, and though some improvements in the ventilation of the public vessels of Great Britain have recently been introduced, yet they have not become general, and many of their regular sailing sailing packets and steamers are deprived of their benefits. The Reports, to which I have referred, are based on observations and experiences in ships of various classes and under every variety of circumstances and climate; and the same may be said of the reports of our own naval medical officers to our Naval Bureau. What is wanted is, the adoption of such measures as will obviate and correct the evils so fully pointed out. There is still ample room for improvement, both as regards cleanliness and ventilation, in the fore-castle and steerage of our passenger vessels, notwithstanding all that has been done to better the condition of emigrants on board ship; affording them more space, by legal enactments; and also more healthy food, and better cooked, than when this class of passengers supplied themselves with provisions, and quarrelled over the coppers, in cooking it. There certainly ought to be some means of enforcing personal cleanliness among these unwashed foreigners; for to bodily filth may doubtless be attributed much of the sickness prevalent in the steerage. I trust some of our skilled sanitarians, such as Dr. Griscom, Van Buren, or Joseph M. Smith, may turn their attention more particularly to this subject of *naval hygiene*, and prepare a work, so much needed, for the benefit of those who "go down to the sea in ships."

In passing through the great manufacturing districts of England, especially in the iron districts of Lancashire, as Wolverhampton and Birmingham, I observed much of the vegetation killed, especially the trees and hawthorn hedges, which is not much to be wondered at, considering the vast amount of noxious gases given off in the various manufacturing processes. On inquiry I find that the evil has become so great, and the injury to animal and vegetable life so extensive, that Parliament, on motion of the Earl of Derby, has just appointed a Committee to inquire into and report on the subject. The vapors which have proved so destructive to vegetation, are chiefly given off in the manufacture of soda from sea water and common salt; some establishments employing 1000 hands, and turning out 100 tons or more of soda annually. Some of the chimneys to these manufactories are nearly 500 feet high, for the purpose of carrying off and causing to be dispelled in the air without injury, the muriatic acid and other vapors generated in the process of manufacture. But this has proved an inadequate remedy, and heavy damages have repeatedly been recovered by the large landed proprietors in their neighborhood, from the owners, for injury done to their crops, hedges, and trees, etc.; so that, in many cases, the manufactories have been destroyed or abandoned. The process of the manufacture of soda, in England, is carried on by the decomposition of common salt by sulphuric acid; and in most of the manufactories I find that the manufacture of sulphuric acid also is carried on in the same building, by condensing the sulphurous vapors given off, and, in three cases, no injury is sustained by the neighborhood, while the profits are much increased. A patent was granted several years ago, to prevent injury from such acid vapors by passing them through water, which has a strong affinity for them, thus condensing and utilizing them. This is said to have proved very valuable to the patentee, though it cannot have been generally introduced.

The injury to animal life is hardly less obvious throughout these districts than to vegetation. This is shown by the high mortality rate, amounting in some places to over 20 instead of 8 in 1000, the average mortality throughout England.

Since reaching London, I have visited some of the hospitals, and become acquainted with several medical men of distinction. Several whom I knew when here in 1849, are now gone; as Bransby Cooper, Dr. Pereira, Sir John Forbes, R. B. Todd, Dr. Quekett, Marshall Hall, etc. Their places, however, are filled by men of equal ardor and devotion to science, if not of equal merit. The improvements and advance in medical and surgical science within the last ten years are very obvious; and for many of these improvements, the world is indebted to London practitioners. Dr. Copland, who may certainly be ranked among the first of living practitioners and writers, is still actively devoted to the practical duties of his profession, notwithstanding the immense amount of physical and intellectual labor he has accomplished. Sir B. Brodie has recently retired from practice, owing to the failure of his eyesight, although he has reached that age when men naturally seek for quiet and repose. No one, in modern times, has attained a more exalted professional reputation than Sir Benjamin; and it will prove as durable as it is eminent, for it is founded on researches which have contributed to enlarge the boundaries of science; while he has ever proved an example, and exhibited a character calculated to elevate the medical and surgical profession in the respect and esteem of society and the world. He, undoubtedly, has the great consolation in his declining days, to feel that he has acted his part well in life, and discharged his professional duties conscientiously. He has retired to a beautiful situation, at (Broome Park) Betchworth, Surrey.

I shall endeavor to write you weekly, though my time is much occupied. In my next, I will confine myself to subjects more strictly professional.

Medical News.

LIST OF THE NAMES OF SURGEONS AND ASSISTANT SURGEONS APPOINTED TO THE VOLUNTEER REGIMENTS OF THE STATE OF NEW YORK, SINCE MARCH 8, 1862, AND THE CHANGES WHICH HAVE OCCURRED IN THE REGIMENTS IN THE FIELD FROM THE SAME DATE.

March 8, 1862.—Charles S. Wood, M.D., Assist. Surg. 66th Reg., vice James D. Hewett resigned. March 13.—J. F. Blauvelt, M.D., Assist. Surg. 5th (Jackson) Artillery, organizing in New York City. March 21.—F. M. McLellan, M.D., Assist. Surg. Marine Artillery, promoted to Surgeon; Amos Gear Avery, M.D., Assist. Surg. Marine Artillery, vice F. M. McLellan promoted; John Z. Kracuter, M.D., Assist. Surg. 108th (Egloffstein) Reg., organized in New York City. March 24.—James W. Casey, M.D., Assist. Surg. 106th Reg., Rochester and Le Roy organizations. March 25.—William C. Lewis, M.D., Surgeon 32d Reg., promoted from Assist. Surg., vice Alfred Powell on parole; Joseph W. Robinson, M.D., Assist. Surg. 82d Reg., vice Wm. C. Lewis promoted to Surgeon. March 28.—William H. Leonard, M.D., Assist. Surg. 51st Reg., vice John L. Dodge. March 29.—Fowler Prentice, M.D., Surgeon 78d Reg., promoted from Assist. Surg. 80th Reg., vice H. P. Bostwick resigned; James C. O'Neil, M.D., Assist. Surg. 26th Reg., vice Daniel H. Murphy resigned. April 2.—Charles L. Hubbell, M.D., Surgeon 12th Reg., vice Azariah B. Shipman promoted to Brigade Surgeon; K. M. Deering, M.D., Assist. Surg. 30th Reg., vice Fowler Prentice promoted to Surgeon 78d Reg. April 10.—Aas B. Snow, M.D., Surgeon 1st Engineer Reg. (Col. Serrell), vice A. P. Dalrymple resigned. April 11.—Ernest Cotelle, M.D., Assist. Surg. "Enfants Perdus" Reg., organized in New York. April 18.—Andrew F. Sheldon, M.D., Assist. Surg. 73th Reg. May 12.—John L. Dodge, M.D., Surgeon 51st Reg., vice Ephraim H. Buck resigned. May 18.—John P. P. White, M.D., Surgeon 10th Reg., promoted from Assist. Surg. 9th Reg., vice John W. Hunt promoted; Andrew H. Smith, M.D., Surgeon 94th Reg., promoted from Assist. Surg. 43d Reg., vice Chas. Goodale resigned; Thomas Lawyer, M.D., Assist. Surg. 43d Reg., vice Andrew H. Smith promoted to Surgeon 94th Reg.; Henry J. Phillips, M.D., Surgeon 102d Reg., vice Charles Goodrich resigned; Conrad Joachim, M.D., Assist. Surg. "Sanges Artillery," vice Chas. J. Kipp resigned; Franz Mücke, M.D., Surgeon 68th Reg., promoted from Assist. Surg., vice F. Hessel resigned; Charles Stein, M.D., Assist. Surg. 68th Reg., vice Franz Mücke promoted to Surgeon; James Chapman, M.D., Assist. Surg. 90th Reg., vice William W. Kinnis resigned; William J. Burr, M.D., Assist. Surg. 69th Reg., vice Stephen P. Uhlein resigned. May 14.—Edward McDonnell, Assist. Surg. 1st Artillery, vice Alfred A. C. Williams dropped from the rolls. May 31.—F. Markoe Wright, M.D., Assist. Surg. Col. Dodge's Battalion of Mounted Rifles.

ERIE COUNTY MEDICAL SOCIETY.—The semi-annual meeting of the Erie County Medical Society will be held the second Tuesday in June, at the rooms of the Buffalo Medical Association, No. 7 South Division street.—*Buff. Med. and Surg. Jour.*

PUBLICATIONS RECEIVED.

The American Journal of Ophthalmology, Vol. I., No. 1, Julius Homberger, M.D., Editor and Proprietor. July, 1862. Bailliere Brothers. Pp. 48.

A Practical Guide to the Study of the Diseases of the Eye; their Medical and Surgical Treatment. By Henry W. Williams, M.D., Fellow of the Mass. Med. Soc. Boston: Ticknor & Fields. 1862. Pp. 817.

Hints and Observations on Military Hygiene; with the best means of Treating the Medical and Surgical Diseases of the Army. By Lawrence Turnbull, M.D. (Reprinted from the Medical and Surgical Reporter.) Philadelphia: 1862. Pp. 62.

TO CORRESPONDENTS.

H. V. P. (Peru, Ind.)—We must refer you to the author of the article on *Sarracenia Purpurea*, Dr. F. W. Morris, 84 Argyle St., Nova Scotia, for a specimen of the article. We are not aware that it is for sale in New York.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 2d day of June to the 9th day of June, 1862.

Deaths.—Men, 78; women, 78; boys, 78; girls, 81—total, 315. Adults, 156; children, 159; males, 158; females, 159; colored, 5. Infants under two years of age, 99. Children reported of native parents, 22; foreign, 117.

Among the causes of death we notice:—Apoplexy, 4; infantile convulsions, 15; croup, 6; diphtheria, 10; scarlet fever, 15; typhus and typhoid fevers, 10; consumption, 62; small-pox, 5; dropsy of head, 9; infantile marasmus, 15; cholera infantum, 3; inflammation of brain, 10; of bowels, 9; of lungs, 15; bronchitis, 7; congestion of brain, 3; of lungs, 2; diarrhoea 6; whooping cough, 2; measles, 1. 151 deaths occurred from acute diseases, and 27 from violent causes. 193 were native, and 117 foreign; of whom 76 came from Ireland; 45 died in the City Charities; of whom 10 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

June 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity Sattn, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
1st.	29.52	.04	58	54	64	4	6	NE. to SE.	10	810
2d.	29.77	.06	70	56	84	5	8	NE. to SE.	7	754
3d.	29.90	.10	75	63	85	5	8	NE. to SE.	8	800
4th.	29.91	.10	54	43	60	2	3	N.E.	10	690
5th.	29.93	.10	60	50	70	5	9	N.E.	8	643
6th.	29.90	.08	60	50	72	9	12	NE. to SE.	8	510
7th.	29.70	.17	67	55	77	9	15	NE. to SE.	6	540

REMARKS.—1st, Light rain morning and evening. 2d, Sultry; variable sky during the day. 3d, Fog A.M.; variable day. 4th, N. E. rain storm, very heavy P.M.; five inches fell in twelve hours. 5th, Rain early A.M.; clear late P.M. 6th, Fresh wind; variable; clear evening. 7th, Variable; sultry A.M.; fresh P.M.; rain with thunder and lightning late at night. Six inches of rain fell on a level during the week.

SPECIAL NOTICES.

NEW YORK ACADEMY OF MEDICINE.—DR. S. S. PURPLE will read the *Memoir of the late JOHN STEARNS, M.D.*, the first President of the Academy, on Wednesday evening, June 18th. After which, the subject of "*Ergot*" will be discussed.

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Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

THE FIRST NUMBER OF THE
American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.

JUST PUBLISHED.

CONTENTS.

On Diphtheritis of the Conjunctiva. By Dr. Graef.

On Strabismus Concomitans. By the Editor.

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Clinical Essays, by B. W. Richardson, M.D. 8vo. London, 1862. \$2.00.

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Consumption, its Early and Remediable Stages. By Edwards Smith, M.D. 8vo. London, 1862. \$2.25.

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Gmelin (L.) Hand-Book of Chemistry. Vol. I. 3d Edition, revised. 8vo. London, 1861. \$2.25.

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Epilepsy: its Symptoms, Treatment, and Relation to other Chronic Convulsive Diseases, by J. E. Reynolds, M.D. London. \$2.25.

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Sent Free by Mail on Receipt of Price.

On Long, Short, and Weak Sight, and their Treatment by the Scientific Use of Spectacles. By J. S. Wells, M.D. 8vo. London, 1862. \$1.57.

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Sent Free by Mail on Receipt of Price.

Psychological Inquiries. The Second Part; Being a Series of Essays intended to Illustrate Some Points in the Physical and Moral History of Man. By Sir Benjamin C. Brodie, M.D. 12mo. London, 1862. \$1.60.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

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The Pathology and Treatment of Phlegmasia Dolens, as Deduced from Clinical and Physiological Researches. By F. W. Mackenzie, M.D. 8vo. London, 1862. \$1.37.

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This paper contains a determined quantity of Nitrate of Potash, Belladonna, Hyosciamus, Stramonium, and it burns well, and its pleasant fumes near the patient, in a closed room, relieve immediately all oppressions.

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These Dragées compound of Santonine and Jalapine are at the same time vermifuge and purgative—being coated with sugar they are pleasant to take, even for children. Each Dragée contains half a grain Santonine and one-fifth of a grain of Jalapine, with chocolate and coated with sugar.

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The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juices. It is daily prescribed for *Chlorosis, Whites, Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

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Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia, Headache, convulsions of the stomach, &c., &c.* It is favorably spoken of by Dr. Troussseau, Pidoux, Grisolle, &c., &c.

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This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as cod-liver oil.

Dose.—A teaspoonful two or three times a day.

No. 19 Rue Bourbon Villeneuve, Paris.

Original Lectures.

LECTURES ON
NEW REMEDIES AND THEIR THERAPEU-
TICAL APPLICATIONS.DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.

By SAMUEL R. PERCY, M.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE VIII.

SOLVENTIA—SOLVENTS.

GENTLEMEN:—In our previous lectures we discussed at some length Headland's sixth and last order of the first division of hæmatic medicines. We described to you all the remedies mentioned by Headland, and explained as fully as the time allowed the peculiar conditions of the system in which they were found serviceable. I promised you yesterday that I would present to you a new remedy for the diseases for which a part of this class of medicines are used. I must repeat to you some of my arguments, that you may fully understand the therapeutic application of the remedy I now present to you. In a state of health the kidneys secrete a fluid, which, after remaining for a length of time in the bladder, is eventually passed away in a fluid state. But there are disordered states of the system in which the kidneys secrete the urine in a fluid state, but from some cause solid substances are deposited from this urine either in the kidney, the ureter, or the bladder. We have described and shown to you numbers of small calculi that have formed within the kidneys; we have shown you others that have been taken from the bladder, the nucleus only of which was formed in the kidney, and the remainder, by far the largest portion, was afterwards deposited around this nucleus in the bladder. We have shown you others the whole of which has been formed within the bladder. We have also shown you many specimens of deposits, some in a finely divided state, others in distinct crystals of small size. We see then, by these substantial evidences, that the urine does not always remain in a fluid condition, and that when it ceases to be fluid it causes grave difficulties, which may either take the life of the patient, or lead to the necessity of a surgical operation.

In diseased conditions, then, we see that there are substances which the urine is incapable of holding in solution, and that deposits take place in various parts of the urinary apparatus which sometimes form into calculi. The medicines that we have been discussing are used to hold these insoluble substances in solution, either by supplying some material deficient in the system, or by their solvent action upon the urine itself; and that they are successful in many instances we have abundant proof, by finding that the urinary deposits disappear under their use, and that after a time the medicine itself may be detected in the urine by chemical analysis.

With this slight repetition we will turn to the consideration of the little we have to say upon the subject of litholytics. We told you that litholytics, or solvents for stone, might be employed in two ways, either by the mouth or by injection into the bladder. Of the former method we spoke at some length, and of the latter method we gave you a few of the printed cases in point. I will now turn directly to the little I have to say to finish this subject by relating two cases from my note-book.

A man, about forty years of age, of irregular habits, applied to me for relief from a difficulty which, upon examination, proved to be stone in the bladder. I found, upon examination, a calculus of large size in the bladder, and upon examining the urine I found it contained a large amount of uric or lithic acid, with some urate of ammonia

and mucus. If the urine was filtered, while warm, to separate it from the mucus and urate of ammonia, lithic acid crystallized in large quantities around the sides of the glass vessel. I had then a case before me where a calculus of large size existed in the bladder, and evidence from the state of the urine, that it was increasing every day. You will say probably that this was a case that should properly come under the care of the surgeon, and so far as the removal of the calculus was concerned I might agree with you; but what could the surgeon do to relieve the cause of the deposit of this lithic acid? This evidently belonged to the province of the therapeutist, as the difficulty would be only partly relieved by removing the calculus. It was necessary to remove the cause as well as the consequence of the disorder. Upon proposing medical treatment my patient was willing to listen to and follow out all my suggestions, but when I spoke of a surgical operation for the removal of the calculus, he peremptorily refused ever to have any operation performed. I then suggested the operation of lithotripsy or crushing of the stone within the bladder, and with this view, after some weeks of preparation, my friend, Professor Alban Goldsmith, was called in to perform the operation.

We found upon examination that the calculus was free, and that it measured nearly two inches in length, by one and one-fourth inches in breadth, and that it was exceedingly hard.

The patient would take neither chloroform nor ether, and was exceedingly irritable from the pain that was inflicted, and insisted upon the withdrawal of the instrument before the crushing was complete. I saw him the next day, and he declared he would rather die than again undergo the same operation. Several irregular portions of the calculus had passed with the urine, and I found upon examining them that the exterior portion only was lithic acid, while the inner portion was urate of ammonia. As nearly as I could ascertain, the calculus was in three pieces.

There was considerable irritation caused by the sharp edges of the broken calculus, and for several days I was obliged to resort to a judicious use of morphia, and injections of tepid water into the bladder, to keep it distended. At this stage of the treatment of my patient I was taken with a severe cold, and a large amount of gravel was deposited at the bottom of the vessel I used. Upon testing this gravel I found it consisted of uric acid, urate of ammonia, and purpurine. One night before going to bed I passed a small quantity of highly colored urine, after which I took a warm bath, a dose of aperient medicine, and a large quantity of warm flaxseed tea. On getting up in the morning I found the urine that had been passed the previous night, of very dark-red color, and containing a very large deposit. The urine made in the morning was passed into the same vessel, and completely dissolved the existing deposit, the mixture of the two being perfectly clear and transparent, and no deposit in this fluid was seen again for several hours. This occurrence led me to think of the state of my patient. He was daily passing small broken pieces of calculus, and considerable gravel. Why should I not dissolve this within the bladder; and if fresh and healthy urine would dissolve a deposit when out of the bladder, why would it not also dissolve it within that viscus? Upon my next visit to my patient I caused him to urinate into a clean glass vessel; the fluid was very turbid, with mucus, uric acid, and urates. I then passed water into the same vessel, and nearly all of the sediment, excepting the mucus, was dissolved. The next day I passed about a pint of fresh urine from my own bladder directly into his, not expecting that the viscus would be able to retain it any length of time, for the organ was still irritable, and he seldom retained more than three or four ounces at a time. To my great surprise he retained this quantity in his bladder for nearly two hours; he said that it acted as a direct sedative to the organ, and that he had not been so free from pain for months. I entered upon the treatment of his disease with new interest, and he seconded me in all my efforts, for the

recovery of his health. I laid down strict hygienic rules, which were attended to; and three times in every twenty-four hours the urine from my bladder was passed into his. He daily improved in health, and after awhile his own urine was passed, free from sediment. By this treatment, in seven weeks there was not a vestige of the calculus remaining in his bladder. For many days after the commencement of the treatment he could bear but a few ounces of his own urine in his bladder at a time, but immediately after emptying his bladder he would bear eight or ten ounces of my urine, asserting that it gave him relief, and acted as a sedative. As his health improved he could retain his own water in large quantities.

I here give you then a solvent for calculus, not a new compound, but so far as my knowledge goes, a *new remedy*.

Since that time I have treated another person in a similar manner. This person was much younger, and he supposed that the calculus had commenced to form while spending some time in the south-west. The calculus was small, and not so hard as the one described above. It was of about the size of a marble, and from analysis of the urine I supposed it to be composed of the earthy phosphates, urate of ammonia, and mucus. This calculus was not crushed, but as in the last case described, particular attention was given to restore the health of the individual, as without that I conceived that no local solvent would be of much avail. My urine was in the same way thrown into this young person's bladder for about nine weeks, and as in the case before related, it caused an entire solution of the calculus, and also allayed the irritability of his bladder in a wonderful degree. As I told you in my last lecture, numerous solvents have been recommended for the purpose of removing calculi from the bladder, and much has been hoped for from their action, and there are instances on record where much benefit has been received. Mr. Butter, of Edinburgh, in 1754, recommended the injection of lime water into the bladder for the removal of calculi, and relates one case in which the calculus was completely dissolved by this means. There are several cases on record where alkaline solutions have been injected into the bladder, and dissolved the calculus, besides allaying the irritability of the bladder.

Mr. Ure recommends a solution of carbonate of lithia for the same purpose. Sir B. Brodie, in 1831, injected water acidulated with nitric acid, and relieved the irritability and dissolved a phosphatic calculus. Mr. Haskin, in 1842, used successfully for the same purpose a solution of the nitrosaccharate of lead, which decomposed phosphatic calculus. The *new remedy* which I present to your consideration is in my opinion the best and most natural solvent we possess, and will in many instances, with proper attention to the health of your patient, effect perfect solution. But let me caution you as to the quality of this *new remedy*. If you intend to use that from your own person, abstain from everything which would render it impure; nicotine is not natural to the secretion, and does not, so far as my knowledge goes, possess any solvent properties, and the organ into which you may pass it may not be accustomed to its effects. Alcohol in all its forms may not be tolerated by an organ in a state of irritation; therefore if you expect good results, abstain from these two poisons.

Dr. Prout asserted years ago his belief that urinary calculi might be dissolved by promoting in the patient a copious secretion of healthy urine, and he says upon this subject—"A perfectly healthy condition of the urine is not only one of the most natural, but probably also one of the most powerful solvents for all the ingredients likely to exist in urinary calculi that we can hope to possess. So satisfied am I of the general truth of this remark, that my belief is that there is scarcely any form of stone that would long bear the continued action of healthy urine without becoming more or less dissolved and disintegrated."

Since the introduction of Croton water in this city, we do not have many cases of urinary calculi, but those of you who practise in the West will find them in abundance. In addition to your hygienic treatment, let me urge you to

try the proper therapeutic application of the remedy I have presented to you.

Original Communications.

ON THE NON-SHORTENING OF THE SUPRA AND INFRA-VAGINAL PORTION OF THE CERVIX UTERI UP TO THE END OF PREGNANCY.

By ISAAC E. TAYLOR, M.D.,

PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN, IN THE BELLEVUE HOSPITAL MEDICAL COLLEGE, AND OBSTETRIC PHYSICIAN TO THE BELLEVUE AND ISLAND HOSPITALS.

It is a conceded and recognised fact, that great physiological changes in the uterus take place during gestation, that its walls become thicker, softer, and more elastic, and during this period that it undergoes no alteration of shape, although its cavity is considerably enlarged. It is, however, supposed, and in this most authorities agree, that the cervix uteri undergoes what is technically called, shortening, or "the behavior of the cervix during pregnancy;" and that at the termination of utero-gestation the vaginal portion no longer forms a conical projection in the upper part of the vagina, but that it is then considered as having merged or moulded itself into the body of the uterus, forming one cavity. Much importance is usually attached in works of forensic medicine and obstetrics to the changes of the cervix uteri, in relation to the time of pregnancy, its color, its softening, and its shortening.

The progress of this shortening has been computed by the gradual disappearance of its intra-vaginal portion. Thus it is held, that at the sixth month one-quarter is lost, at the seventh month one-half, at the eighth month three-quarters, at the ninth month to have entirely disappeared.

Entertaining entirely different views on this subject, I have presumed to dissent from the opinions of these authors, not only that the neck expands from above downwards, but from the opposite one that the changes occur from below upwards; and I do so with a high sense of esteem and admiration for their genius and attainments. But if medical or any other science is to continue to advance, no maxim should be considered established beyond investigation, and no authority, however high, ought to be held infallible.

The subject is one also of great physiological and obstetrical interest, and has many practical bearings of the highest character. This is especially true of placenta prævia; it conflicts, as I conceive, with the views of Barnes and Read; and tends to explain more clearly the views entertained by Doherty and Levret, as to why hæmorrhage does not occur when the placenta is implanted directly over the internal os of the cervix uteri; the fact is proved by the statistics of Trask, that little hæmorrhage takes place till the full term of gestation, but when the placenta is placed laterally hæmorrhage will occur. On this point I will not enlarge at this time, and shall defer it to another occasion. Two different views at the present day are entertained—1st. Those of Baudelocque and others, and 2d. Those of Stoltz of Strasburg, approved by others, and first promulgated in 1826. The opinion of Baudelocque is, "That at the end of pregnancy, the neck forms, together with the body, a common cavity, and nothing remains but the small circle of the os externum." There is no supra or infra-vaginal portion. 2d. The view of Stoltz is, as stated by Cazeaux, "That the cervix uteri preserves its whole length until the last fortnight of pregnancy, when the whole neck is lost in the cavity of the body and disappears by a total effacement." Thus, both opinions arrive at the same conclusion at eight and a half months. To fully comprehend the opinions at the present day of these two schools, it

will be advisable to give the opinions as expressed by both schools up to the present day, when we shall better comprehend the subject.

OPINIONS OF AUTHORS.

BAUDELOQUE.—"That at the end of pregnancy, the neck forms, together with the body, one common cavity, and nothing remains but the small circle of the *os externum*."

SMELLIE.—"In the ninth month, the neck of the womb being altogether distended."

DEWEES.—"The neck begins from the sixth month to grow shorter and shorter, till at the ninth month it is entirely obliterated."

F. H. RAMSBOTHAM.—"At the end of gestation the cervix is so completely opened out, that it forms part of the general cavity."

J. RAMSBOTHAM.—"The same."

J. T. INGLEBY.—"After the fifth month the dilating power of the ovum is exerted upon the neck, which it dilates entirely from above."

E. MURPHY.—"That the cervix is expanded to form part of the uterine cavity from the seventh month."

F. CHURCHILL. adopting the views of Baudelocque, remarks:—"On examination, we find the vagina closed superiorly by the rounded lower end of the uterus, but no protruding cervix."

C. D. MEigs.—"At the close of pregnancy, the cervix uteri seems to have wholly disappeared, and the last days of gestation, not to be discovered at all."

G. S. BEDFORD says:—"That after an examination at the seventh month the cervix uteri is more expanded, giving an increase to its various diameters, and then it is that you will appreciate the important circumstance, that the cervix commences to diminish in length; this diminution, remember, begins from above and not below, or, to be more explicit, at the *uterine* and not at the *vaginal* extremity; and further, I am emphatic on this point, as the learned Stoltz maintains an opposite opinion."

VELPEAU agrees with Desormeaux, that the neck loses one-third of its total length by the fifth month, one-half at the sixth month, two-thirds or three-quarters at the seventh month, four-fifths at the eighth month, and the remainder disappears during the ninth month; and then adds, but frequent dissections and the most careful investigations have singularly impaired the confidence I formerly had in them.

JACQUEMIER.—"In many females at the seventh month it is reduced one-half, at term the vaginal portion presents the slightest projection; and further, *direct observations* respecting the shortening and dilatation can make clear the question, though it seems reasonable to admit that the dilatation commences from above, slow and gradual, to the external orifice."

TYLER SMITH.—"At the fifth month the cervix uteri begins to shorten its cavity, being taken up into the general uterine cavity by a process of development, commencing at the junction of the cervix with the body of the organ and terminating at the *os externum*."

MONTGOMERY entertains the same views.

CAZEAUX. [*Stoltz's views, given by Cazeaux.*]—"When speaking of Desormeaux's views respecting the behavior of the cervix uteri, he says:—"I do not hesitate to pronounce all this an entire error, and to which I asked attention since 1839. No. The neck does not shorten in the way which has so long been described. It preserves its whole length until the last fortnight of pregnancy, and then the whole neck is lost in the cavity of the body and disappears by a total effacement."

He proves the truth of M. Stoltz's assertions in primiparæ, and says:—"For in these women the neck does diminish a little in length during the last two or three months, although by a process entirely different from that described by Desormeaux." And he goes on to say—"That the spreading out of the *os tincæ* and the inferior part of the neck constantly increases from *below upwards* as the gestation progresses. It reaches the middle part of the cervix about

the seventh month, and nearly gains the internal orifice by the ninth. The enlargement of the cavity of the neck advances simultaneously with the softening of its walls, and that the cavity resembles a thimble in form in some women, whilst in others it is funnel-shaped, the base being below and the apex above. On the whole, therefore, the neck is fusiform in primiparæ, the external orifice is rounded, and so little dilated as to prevent the introduction of the finger without some considerable effort. In females who have had children the external orifice is widely opened, the cavity in the neck is funnel-shaped, the base being below, and which continues to increase until its apex reaches the internal *os*. This latter remains closed in both, in a vast majority of cases, until the last month of pregnancy."

And further—"There is no *projection* found at the upper part of the vagina, except in multiparæ a collar of variable softness, and in primiparæ a sharp thin ring is found."

CHAILLY.—"At the ninth month, 'In women who have had children, there is *no longer any neck*. The internal and external orifices become confounded, and are dilated to feel the membranes of the foetus. In primiparæ the *supra-vaginal* portion still preserves a few lines which do not become effaced till labor commences. The *vaginal* portion is completely effaced. The external is open, but the finger cannot enter the internal *os*."

M. DUNCAN, advocating the views of Stoltz, gives five propositions, three of which are only necessary to state, viz:—

1st. The length of the *cavity* of the neck undergoes little or no change during pregnancy.

2d. The capacity of the cervical cavity becomes gradually greater as pregnancy advances; and this is effected by an increase of its diameters or breadth, advancing from *below upwards*, that is, from the external to the internal *os* of the cervix.

3. PROPOSITION.—"The length of the vaginal portion of the cervix, or the amount of its projection into the vaginal cavity, *generally diminishes* as the uterus rises into the cavity of the abdomen." Prof. Miller of Lexington, Kentucky, adopts the same view as Chailly, Cazeaux, and Stoltz.

HUTER says, from many examinations—"That in most cases, the external *os uteri* opens in the last four weeks of pregnancy, that in most cases the internal *os* opens in the last week before birth."

DR. FARRE, in the *Cyclopædia of Anatomy and Physiology*, p. 646, in the article "Uterus," after stating the manner in which the cervix uteri expands, according to the views of Desormeaux and others, remarks:—"At the end of pregnancy, that portion which projected into the fornix of the vagina, is now *reduced* nearly to the level of the vaginal walls. But while it is true that a lessening of the projection of the cervix takes place during pregnancy, I can hardly coincide in the explanation which is usually offered of this circumstance, namely, that it is due to a gradual '*drawing up*' as it were of the cervix, by which its walls become added to those of the body of the uterus for the purpose of increasing the capacity of the uterine cavity. The true explanation of this, as it appears to me, is, that the apparent shortening of the neck is caused not at first by any diminution of its actual length, but by an increase of its breadth or its extension in the lateral direction, whereby the projection of the lips into the vagina is reduced to the *smallest possible amount*."

"When, therefore, the term shortening of the uterine neck is employed, it should be understood to imply that change which takes place from the hypertrophy and lateral extension of the vaginal portion of the cervix, combined sometimes with a separation of the cervical walls from each other occasioned by the descent of the head of the child; the degree of the descent being regulated by the amount of yielding of the internal *os uteri*."

SCANZONI, in speaking of the changes in the cervix uteri in primiparæ, says:—"At the end of the sixth month the cervical canal dilates, the external orifice and the canal are opened, whilst the internal orifice is closed and dilates

only at the last half of pregnancy." In multiparæ the same opinion as Cazeaux.

KRAUS adopts the like views, and gives the same plates of Desormeaux and Cazeaux.

During a service of four consecutive months, in the Bellevue Hospital, as well as in the Island Hospital, in the spring and summer of 1861, and also during a short service in the fall and winter, in the presence of the house staff, and several medical gentlemen and students, not less than upwards of one hundred and fifty patients have been examined by the touch and speculum, at various periods of gestation, from seven months to the full time, and during the first stage of labor in some of the patients. Nearly all, however, were the completion of pregnancy. I am not aware that investigations relating to this subject at full term, and during the first stage of labor, have been conducted in the like manner, but the touch has been solely relied upon. Dr. Duncan, who has written an excellent article, and published in the March number for 1859, p. 776, says, after recommending the investigator to measure the length of the cavity by introducing his finger through the external os uteri:—"I would especially insist on the value of examinations made immediately before labor, when the cervix is extremely softened and largely dilated." And at page 774, "In discussing this subject, I intentionally omit the latter days of the ninth month of pregnancy, and diagrams of the cervix are made from the third to the eighth month." While a pupil of Cazeaux, in 1841, I became acquainted with the views of Stoltz, modified in some measure by Cazeaux; and after my return home, edited the work of Dr. Evory Kennedy on obstetric auscultation, where diagrams were introduced, showing how these changes of the cervix took place. Shortly after my service commenced, in 1851, in the Bellevue Hospital, my attention was especially called afresh to the subject, in a female dying in the first stage of labor from apoplexy, who was brought into the hospital from the street; and a second case in 1853, and another in 1854, at the same period. On post-mortem examination, no change was manifest of the supra or infra-vaginal portions, except in being softer and broader than natural. Just previous to presenting the subject before the Academy of Medicine in this city, in March, 1862, Prof C. R. Gilman gave me a specimen taken from a female, who died in the first stage of labor from placental apoplexy a few days before, where there was no change in the whole cervix, supra or infra-vaginal portion. Another specimen of my own was also presented to the Academy, showing how soon the neck returns to its natural size when there is no laceration of the os, taken from a patient who died in the Bellevue Hospital very soon after the child was born, where the whole neck was as perfect as though no labor had occurred.

Dr. DALTON (J.C.), in the March No., 1860, of the *New York Medical Journal*, said at the Pathological Society:—"He could say very positively, from his own observations, that neither the os internum nor the os externum disappears at all, even up to the end of the ninth month; and that he is very sure that he has seen both the os internum and the os externum clearly marked in a case that died during delivery."

The examinations of the patients were made by the touch, horizontal and dorsal position, and by various kinds of specula—the glass black-coated speculum preferred—and the records taken by the house staff, and several of the cases were delivered the same day, or one or two or three days after; and in many instances the infra-vaginal portion of the cervix was longer instead of being shorter.

To more fully comprehend and appreciate these investigations, it would be well to enter somewhat into the details respecting the appearance of the cervix and os uteri in multiparæ and primiparæ. The appearance of the cervix uteri, in both the multiparæ and primipara, was broader, softer, and in several instances longer than shorter, in comparison with the non pregnant uterus, examined at the same time. The measurements of Farre, Duge, and Velpeau differ only

one-sixth of an inch in the whole cervix; and the infra-vaginal portion is stated at one-third to one-half an inch in the non-pregnant. Yet, in several cases, the measurement gave in these examinations one inch, usually three-quarter inch. The color, in the general run of cases, was of a light bluish red; in some, quite dark-blue, in others very little change had occurred, but sufficiently so as to differ from a simple congested cervix uteri by disease. In several, the physiological changes of color were so great, and the veins enlarged to such an extent as to become hæmorrhoidal; and in three or four instances, at the commencement of labor during the expansion of the cervix uteri, they were lacerated, and quite a hæmorrhage ensued; so much so, as to be mistaken for a case of partial attachment of the placenta. As a general rule, the vagina did not present that blueness spoken of by Kluge, Jacquimier, and Kilian, but the contrast of the cervix uteri was distinctly marked in color, as well as the entrance of the vulva, whilst the vagina was but slightly tinged. The blueness of the cervix uteri and the entrance to the vagina, was generally in the same ratio as the color of the areola. The ramollissement was the characteristic feature in nearly all of the cases examined by the touch, and in nearly all it was full, soft, and compressible, like wet chamois leather: this, however, was not always the case, as some did not present, even at the full term, this softness, though the bluish color existed. In multiparæ, if the os uteri had been lacerated by previous delivery, the os was pætulous and the cervical lips everted, showing the glandulæ nabothi; and the same would exist in some of the cases in primiparæ, where the cervix had been divided for dysmenorrhœa, or disease. The finger in these cases could be introduced to the full extent of the cervix, and the fœtus felt. But this was not attainable if the os uteri had not been lacerated or divided; and this will explain why, according to Cazeaux, the neck is funnel-shaped in multiparæ. In the primipara, it was seldom the finger could be introduced beyond a quarter of an inch, generally only a mere dimple or depression was realized by the touch, and the cervix presented a conical form up to the time of labor; but, being broader, longer, and softer than in the non-pregnant, the os was generally round, though sometimes it was a transverse slit.

In some of the cases of multiparæ at the seventh month, the finger could be introduced to feel the child, through the membranes; the os seemed to be capable of being dilated a quarter to a half inch in diameter, though the neck was not shortened. In the cases of the first stage of labor, the cervix, during an examination, would seem to be dilated to the size of a quarter dollar during contraction; but after the pain had ceased, the neck would appear fully three-quarters of an inch in length, and nearly closed, as though no labor existed. In many of the cases a cervical leucorrhœa existed, and in some of the multiparæ examined, after the finger had passed through the cervix, no discharge was perceptible, and, therefore, the cervical plug did not exist, as many suppose, up to the full term of gestation. When the position of the patient was changed from the dorsal to the lateral, the neck was, to the touch, longer, and more fully developed through the speculum, thus verifying on this point the result of such a change, as is shown in one of the plates of W. Hunter. The wood cuts were made from drawings of the cervix uteri which were taken during the examinations of the non-pregnant women, pregnant at full term, and first stage of labor, by M. Köhler.

CASES.

I.—Primipara—aged 20. (Dr. Lyman's.) Areola scarcely marked, nine months gone. Head in the cavity of the pelvis, cervix (vaginal) portion half inch long; by touch and by the speculum—soft, broad, feels like wet chamois leather—only a small dimple in place of the os. Examined June 26, confined July 1.

II.—Primipara—aged 23. Areola not well marked, nine months gone, head presenting, vagina rugous, vaginal neck $\frac{3}{4}$ inch in the vagina. Examined by the touch and speculum,

feels soft, broad, finger just engages with the os. Examined June 26, confined June 3.

III.—Primipara—aged 26. (Dr. Segur's.) Examined by the touch and speculum. Os virgin size, circular, $\frac{3}{4}$ inch in length. Examined August 17, confined August 21.

IV.—Primipara—aged 24. (Dr. Segur's.) Speculum, neck $\frac{3}{4}$ inch in the vagina, os small, soft. Examined June 26 and August 1, confined August 3. Confined out of the hospital, and called on me Sept. 3.

V.—Multipara—aged 20. (Dr. Segur's.) Second child, os broad and patulous, neck one inch long to the touch and sight, rugous; speculum, hæmorrhoidal neck. Examined August 17, confined 21.

VI.—Primipara. (Dr. Segur.) Eight months three weeks, cervix, vaginal portion, one inch long, full, soft, slightly patulous, and by speculum hæmorrhoidal. Examined Aug. 17, confined 17.

VII.—Multipara—aged 22. Second child, cervix, vaginal portion 1 inch slightly opened. Examined Aug. 17, confined 23.

VIII.—Multipara—aged 28. (Dr. Fernandez.) Fifth child. To the touch, neck broad, soft, one inch long in the vagina, by speculum the same in length. Examined Aug. 1, confined Aug. 16.

IX.—Primipara—aged 29. (Dr. Lyman.) Eight and a half months gone, neck one inch long, and one inch broad in the vagina, round and full, os tincæ small, differing only from the virgin neck in softness and breadth. Examined Aug. 1, confined Aug. 17.

X.—Primipara—aged 19. (Dr. Segur.) Last menstruation Nov. 1860, head presenting, neck over one inch in length in the vagina, external os admitting the finger, neck firm as it approaches the body of the uterus. Examined Aug. 27, confined Sept. 16.

XI.—(Dr. Fisher.) Case at six and a half months, premature labor, symptoms of labor, liquor amnii not passed, to the touch os fully one inch broad, conical, os slightly opened, by speculum, neck fully one inch, membranes of a light green color, protruding through the os, confined next morning.

XII.—Primipara—aged 34. (Dr. Fisher's.) (Died with air in the heart.) First stage of labor Dec. 29, some hæmorrhage, touch, cervix uteri $\frac{3}{4}$ inch long, admits the finger, depth of os $1\frac{1}{4}$ inch, speculum gives the same length $\frac{3}{4}$ inch, os round, conical, seen by several physicians—Dr. C. B. Smith and others.

ANATOMICAL VIEWS OF THE MUSCULAR STRUCTURE OF THE NECK OF THE UTERUS.

1. SIR C. BELL.—“I have not succeeded in discovering circular fibres in the os tincæ corresponding in place and office with the sphincters of the other hollow viscera.”—*Med. Ch. Trans.*, vol. 4.

2. DR. W. HUNTER.—“The cervix uteri, where the peniform rugæ are situated, had not such regular nor such large fasciculi as the rest of the uterus.”

3. DR. MURPHY.—“The existence of the circular fibres has not been proved.”—*Lectures on Parturition*, p. 49.

4. CRUVEILHIER remarks: The neck of the uterus is composed entirely of circular fibres, which intersect each other at very acute angles. This opinion is corroborated by JOBERT, who observes: That the uterine neck is formed by fibres which constitute semicircles, and decussate without mingling; the semicircular arrangement is more evident in women who have had children than others, and further adds: “That a superficial longitudinal layer on the posterior surface of the body passes into the posterior surface of the cervix.”

6. KÖLLIKER, after describing three layers of muscular fibres, longitudinal and transverse, of the fundus and body, remarks: “Whilst at the thinner cervix transverse fibres, especially intermixed with isolated longitudinal ones, are met with. In the neighborhood of the external os uteri, and in that part itself, highly developed transverse fibres

lie immediately beneath the mucous membrane, and may be described as a sphincter uteri or occlusor of it.”

DR. FARRE, in the *Cyclopædia of Anatomy and Physiology*, says: “The cervix cannot be said to consist, like the body, of three coats, but consists of a muscular and mucous coat only. On account of the large admixture of fibrous tissue with the muscular element here existing, this might with almost as much propriety be called the fibrous coat of the cervix. The large amount of white fibrous tissue and the density and compactness of the laminae here found around the cervical canal, give to clear sections of this part an appearance of circles concentrically arranged.”

This might be compared to the contractile fibrous tissue, which forms the dartos of the scrotum and the external tunic of the vagina, to both of which organs it gives an extraordinary amount of elasticity.

Remarks.—It will be perceived, with these views of the anatomy of the cervix uteri, that the uterus is ranged in the same class as are the hollow muscular organs, whose structure is also regulated by the fundamental law of muscular intercrossing, and these intercrossings in the neck give rise to the peculiar practice which has been especially called *arbor vitæ*; and as there are *four* longitudinal folds or striae, each circle belonging to this set is composed of four sequelæ united on the mesial line, two anteriorly and posteriorly, and at the sides, and we have no difficulty in recognising these *circular fibres*, or penniform fibres, rendered horizontal by the expansion of the neck. It has been well observed by KÖLLIKER, that, “The cervix and the os uteri are at rest during the active state of parturition, whilst the fundus and body contract, contractions of the former parts, and of the vagina, not ensuing till subsequently;” and thus “the uterus, as respects the disposition of its muscular element and its movements with other organs, never affords so apt a comparison as the bladder, in which the muscular tissue is arranged essentially the same way, as a physiological antagonism exists between the superior and inferior portions.” To strengthen this view, we have the remarks of Todd and Bowman, in the *Cyclopædia of Anatomy and Physiology*—“On the Action of Sphincters, vol. i, p. 191. “Now their mass (the *sphincters*), and their contractility is superior to that of the walls of the cavity, consequently their passive contractility endures while that of the parts above is being gradually mastered by the accumulation of the contents (feces, or urine), and when the excretions at length excite contractions in the walls of the cavity containing them, this overcomes the passive contractions of the sphincters, and evacuation occurs.” And I would add as a still further and perfect illustration in these cases, the anus of the horse, as it exemplifies more clearly the manner of the gradual expansion of the cervix and the passage of the child's head through it into the vagina, and thence its exit, resuming its natural form, though modified in structure soon after the evacuation or delivery has occurred.

PROPOSITION 1.—That the cervix uteri, supra and infra-vaginal portion, does not unfold or lose itself during gestation in the body of the uterus, and the cervix uteri become obliterated at the full term of pregnancy, as Baude-locque, Gooch, Dewees, Meigs, Montgomery, Bedford, and others, believe.

2.—That the cervix uteri is not lost or merged into the vagina, by dilating from below upwards, and becomes obliterated at eight to eight and a half months, as Stoltz, Chailly, and others believe, but remains of its natural length, and is sometimes longer.

3.—That the whole cervix uteri, supra and vaginal portion, remains intact up to the full term of pregnancy, and sometimes during the first stage of labor.

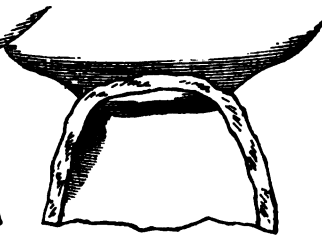
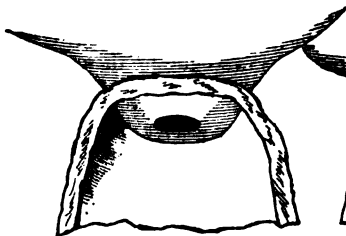
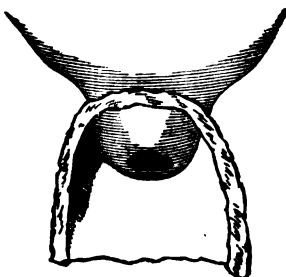
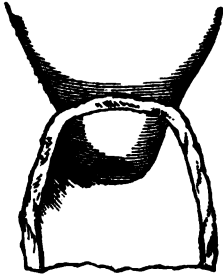
4.—That the shortening, as it is termed, is only apparent to the touch, consequent upon the relaxation and physiological hypertrophy that take place during gestation, the cellular tissue becoming infiltrated by the changes incident to pregnancy, and hence its breadth is greater than natural and softer.

In multiparae, where laceration of the os uteri has taken

place, on one or both sides, and the glands were also diseased, the labia are everted and the os patulous, the same as is noticed in many cases of cervical leucorrhoea, and hence, the finger can be introduced at the seventh, eighth, or ninth month, to the internal os, and touch the membranes of the child, and should the cervix have undergone a more perfect softening, the os and cervix may be dilated

FIFTH MONTH.

SIXTH MONTH.

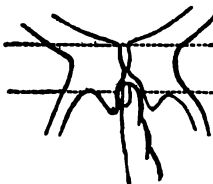


EIGHTH MONTH.

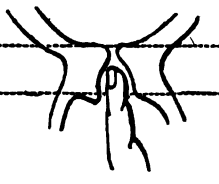
FULL TERM.

Bandelocque, Gooch, Dewees, Bedford, and Meigs.

SEVENTH MONTH.



Primipara.

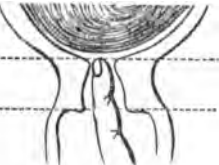


Multipara.

EIGHTH MONTH.



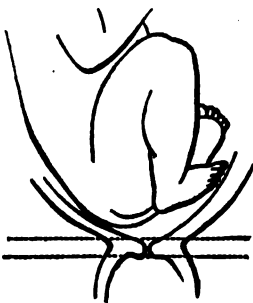
Primipara.



Multipara.

FULL TERM.

FULL TERM.



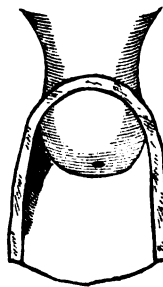
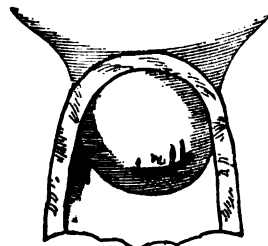
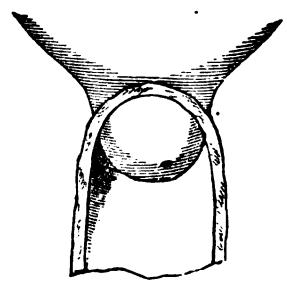
Primipara.



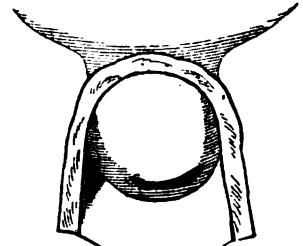
Multipara.

Stoltz, Chailly, Cazeaux, Duncan.

Non-Pregnant.

FULL TERM.
Primipara.FULL TERM.
Multipara.

Taylor.

IN LABOR.—First Stage.
Multipara.

AFTER NATURE BY KÖHLER.

a half to three-fourths of an inch in diameter, though the whole cervix remains, supra and infra-vaginal portion.

5.—That in primiparae, the finger cannot be introduced into the external os uteri; but in very exceptional cases, it may reach half way through the cervix.

6.—That the external os is always felt first, and not, as some have supposed, the internal os.

7.—That the secretion of the cervix uteri, which forms the so-called plug, does not remain to the full term, but is changeable from time to time.

8.—That the more perfect the softening the shorter the labor.

9.—That when labor sets in, especially in a primipara, the cervix (even if obliterated, and the os the size of a five-cent piece) can be clearly defined from the body, by the difference it presents to the touch of the thick, round, and soft portion of the body, and the tense thin membranous neck, and os.

10.—That after labor in primiparae, if the neck has not been lacerated, the cervix uteri will return, supra and infra-vaginal portion, to its natural length very soon, though it is patulous and soft.

11.—That these propositions are also corroborated by cases where the complete separation of the vaginal portion of the cervix has occurred, and which could not have taken place if the neck was fully obliterated at term (case in Bellevue Hospital), also in cases of excessive cedema of the cervix, where the neck is one and a half to two inches in length.

12.—That from the investigations made during life, at various periods of pregnancy, at full term, and during the first stage of labor, and on post-mortem examinations, the cervix uteri does not undergo any shortening or expansion of the supra or infra-vaginal portion, but retains its whole length, and only becomes expanded or dilated at the commencement of labor, the cervix serving as an intermediate channel, or canal, between the body of the uterus and the vagina; this dilatation is effected through the combined operation of the softened condition of the neck, and by the pressure of the liquor amnii and the descent of the child's head or body, the internal os being the first to yield. The expansion thus beginning slowly, tends downwards towards the external os, and then the walls of the cervix are gradually expanded and unfolded for the passage or exit of the child; no better or more perfect illustration

can be adduced, than the gradual expansion of the horse's anus during an evacuation, and its contraction after an evacuation occurs. Some of the cases of labor in the hospital have illustrated the same facts; during the first stage of confinement, while the membranes have been protruded through the os tincæ, only a half inch in diameter, the child has been delivered soon after.

A CASE OF

SCOOPING A PORTION OF THE TIBIA,

FOR DISEASE OF TWENTY-FOUR YEARS' STANDING.

OPERATION; CURE.

By E. S. COOPER, A M., M.D.,

PROFESSOR OF ANATOMY AND SURGERY IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE PACIFIC, SAN FRANCISCO.

CASE.—J. S., *æt.* 29, was attacked with disease of the tibia at the age of five years, in consequence of a slight bruise resulting in inflammation, which lasted for some time. Several small pieces of bone were lost at different times, after each of which the patient would generally improve to such an extent as to consider himself entirely well, and would remain so for a year or two. His attack of inflammation, by which he was led to consult me, occurred about four weeks since, during which time he has suffered much, and is now so lame as to be hardly able to walk at all. There are two serious openings leading from the surface to the diseased tibia, the centre of which can be penetrated with a probe readily and carious bone felt. There are several cicatrices at different points over the tibia, at which exfoliated bone had formerly been discharged. An abscess of bone was discovered, though it was impossible to ascertain whether or not it extended into the knee-joint. The mouths of the two sinous openings leading into the bone were directly over the lower part of the joint, but they both coursed obliquely downwards.

Operation.—The patient being placed upon his back upon a table, and chloroform administered, an incision five inches long was made, commencing at the lower edge of the patella and continuing down the spine of the tibia directly to the bone. A transverse incision of one and a half inches was then made over the tuberosity of the tibia, after which the chisel was taken, and the soft parts removed from the front of the bone, and both its sides. This brought in view an excavation in the interior part of the tibia filled with adventitious, soft substance, which on being scooped out gave vent to a small amount of purulent matter, and displayed a small cavity in the bone lined by a thick pyogenic membrane.

In dissecting this away, a small amount of pus was seen issuing from the parts below, when, on examination, a large abscess was found in the bone whence the matter was discharged. The anterior wall of this was bored through, when a considerable quantity more of pus escaped. The cavity of the abscess was now found to be about two-thirds the size of a hen's egg, and containing a large mass of pyogenic membrane in numerous folds. This was carefully removed, and the surface of the bony wall of the abscess cleared of all soft substance, when the operation was concluded.

Dressing.—The wound was dressed by applying a piece of lint in it, filling fully the abscess in the bone. A roller was then applied over the limb as tightly as the patient could conveniently bear, commencing at the toes and continuing to the upper third of the thigh. The lint and roller were wet in an evaporating lotion, when first used, and every hour or two after that for several days. During this period, all the secretions were carefully watched, and the patient occasionally took a dose of morphine, when in pain.

Sept. 7.—The patient has suffered little or no pain since the operation, and is in every respect doing well.

† **Five Months after the Operation.**—Is walking almost as well as ever, though the wound is not entirely healed. In similar cases, I have occasionally seen the surface of the

sore made by scooping of bone remain raw for two or three years, the cavity in the bone, during this time, slowly but constantly filling up ossific deposit. This condition sometimes remains long after the usefulness of the limb has been restored, the rawness of the surface causing no particular inconvenience to the patient.

SUDDEN DEATH FROM CORROSIVE SUBLIMATE.

By JNO. G. BIGHAM, M.D.,

MILLERSBURG, OHIO.

On the 25th day of May, 1862, I was summoned to see a child aged 18 months, which was supposed to have swallowed poison. The messenger reported that the child had taken something from a vial, and had immediately begun to scream violently and seemed to be suffering the greatest agony. He had brought the vial, still containing a small quantity of the poison, with him. Learning nothing from its color or smell, I wet the cork with it and touched it to my tongue; it produced a burning pain and corroded the mucous membrane, leaving a white spot. In a moment I could plainly perceive the acrid metallic taste characteristic of the bichloride of mercury, and I expressed the belief that it was an alcoholic solution of corrosive sublimate. The house was only a few doors distant, and I was there in five minutes after the occurrence of the accident. A liberal dose of sulph. zinc. and ipecac was given in warm water as promptly as possible, while a raw egg was being beaten up with a small quantity of flour. The child was evidently suffering the most excruciating pain. The face was flushed, the eyes protruded, the tongue was frequently thrust out, and the chest often violently expanded. There was severe retching, and the head was thrown back and tossed from side to side. A white streak extended from the angle of the mouth to the lower edge of the jaw on one side, and the dorsum of the tongue and the throat were also corroded. No considerable amount of the emulsion of egg could be conveniently given, and the child was so rapidly sinking, that it was not thought prudent to persist in attempts to administer the antidote.

The child was in vigorous health at the time of taking the poison, and it was dead in less than twenty minutes afterwards. There was no convulsive action whatever; during the last few moments the little sufferer seemed to have become insensible to pain, and gradually sank away in its mother's arms. In order to definitely decide the character of the poison, I put ten drops of it into fl. 3 ij. of pure water and added a small quantity of solution of hydriodate of pot., when a bright red precipitate was thrown down. I then shook up the mixture and poured about the half of it into a clean vial, and added an excess of the solution of hydriodate pot., when the red precipitate (of biniodide of mercury) disappeared. To five drops of the poisonous solution, diluted in fl. 3 j. of water, I added a few drops aquæ ammon., when a white precipitate was thrown down. To five drops of the poison in question, diluted in fl. 3 ss. of water, a few drops of lime-water were added, when a brick-red-colored precipitate was thrown down; upon adding an excess of lime-water, and shaking the mixture, a yellow precipitate was presented. The gold-test did not prove satisfactory.

I have not any doubt but that corrosive sublimate killed the child, and since the death was more sudden than in any case I have ever seen recorded, I have thought it proper to submit the foregoing statement. I am sorry there were no means of ascertaining the exact quantity of the bichloride the child swallowed.

Dr. R. K. BROWNE, having been appointed Frigate Surgeon, has resigned the Professorship of Physiology in the New York Med. College and Charity Hospital. The chair is now vacant.

A PAPER ON VENEREAL DISEASES,

THEIR MITIGATION AND SUPPRESSION.

(Read before the N. Y. Sanitary Association, Thursday, June 6, 1892.)

By H. LASSING, M.D.,

PHYSICIAN TO THE EASTERN DISPENSARY, NEW YORK.

THAT venereal diseases are greater evils than prostitution itself, no one will deny, neither is it requisite to prove that every one is more or less interested in the subject; the taint is to be seen every hour of the day, among all classes of society, and every parent in the land must feel a pang of anxiety for the safety of his offspring.

As syphilis and kindred diseases are never contracted spontaneously, but are always the result of impure communication, it seems to follow that it is within the range of human agency greatly to mitigate, if not entirely to eradicate it.

Leaving the question of prostitution, in its moral aspect, to the philanthropists and moralists of the age, our business is solely with the naked results everywhere discernible—syphilis and its kindred diseases, and efforts directed towards its abolition or mitigation.

While we consider the victims to the disease fit subjects of commiseration and professional care, we hold that to communicate it knowingly, is criminal. Guiding our actions in our intercourse with those afflicted by kindness and sympathy, while we offer them every inducement to submit to opportunities for a rapid and effectual cure, we deem it necessary that stringent measures should be enforced to prevent and discountenance the spread of the disease.

For these objects an association has been formed in this city under the temporary name of "The Samaritan Association for the Suppression of Venereal Diseases." We start on the fundamental points here laid down, and are now discussing the merits and demerits of various plans of operation.

We do not seek for a license system similar to the French, nor a system of suffrage and police restrictions like the German. A plan based upon the new Hamburg system, namely that of an association of physicians, appointing district surgeons, to examine prostitutes and give certificates if healthy, warn the public against all such not possessed of certificates, calling on those suffering from these diseases to come and be treated, and charging those served a moderate fee to support the enterprise, was the one at first proposed. Upon a closer examination, however, it was found that the plan would not meet with the success in practice, in this city, which in theory it appears to promise. The greatest objections are that it would be virtually supporting the enterprise by the wages of harlotry and sin, be cried down by the community as a money-making concern, fail in reaching the masses of those whom we want to get at, give rise to many, perhaps greater, evils and abuses, and was generally found impracticable.

Although our city, in its vices and blemishes, may in some respects assimilate to European cities, it is in many respects different from them, and most essentially so in its "social evil." All are independent here, feel and act so, but none more so than the lower classes, and particularly that class whom any effort of this kind must reach. They will not bear arbitrary or what they will call despotic treatment; they must be made to feel that our efforts are not made with mercenary motives nor in a spirit of persecution; that we deem it a favor more than a duty, if they will assist us in carrying out our enterprise for the good of the community.

Hence it follows that our service to them must be gratuitous and unhampered by any objectionable condition, and we must, as well for this as for every other project no matter how philanthropic, rely with confidence upon a discerning and liberal community with a deep

interest in the matter to make such pecuniary provisions as the wants of the enterprise may require.

When we consider the expense which the effects of the social evil entail upon the community, which by one estimate I have seen, and believe to be far under the right figure, is set down at over two hundred thousand dollars a year, I think the wisdom of obtaining a remedy far more efficacious at about five thousand dollars, which would amply cover the first year's expenses of this enterprise, will at once be perceived and acknowledged.

For the reasons already given our plan must be a different one from all others, and it would therefore be taking up useful time in vain to review the different European systems; besides, any one interested and anxious to understand them, will find them in full, with comment, in "Dr. Sanger's History of Prostitution," and still more at length in "Pappenheim's Medical Police."

I will then give only an outline of our plan. We propose to appoint district surgeons, to act for and on the responsibility of the Association either at different offices, at one central office, at the different dispensaries, or some other places in this city, during certain hours of the day, professionally to attend all that will come to them or send for them, to examine prostitutes and furnish such as are healthy with certificates to that effect, to take measures fully to warn the public and particularly strangers against those without such certificates. All this to be done gratuitously, leaving room for various improvements in details of operation, and for the establishment of a venereal dispensary, or Locke hospital, etc., but always keeping in view the fact that venereal diseases can and must be mitigated, if not eradicated, and that is the primary object of the enterprise.

It may not be amiss here to add as another matter of sanitary importance, that yet another advantage would be gained by such a system. You are all aware of the many impostors and quacks whom the numerous newspaper advertisements, and the many glaring and often obscure bills, which every available spot in the streets is plastered over with, show that our city is infected with. Stimulated by avarice these fellows sit in their dens like a spider in his corner, awaiting their victims whom their puffs attract and whose steps to destruction are accelerated by fear of exposure, and fear for their health, which also blinds them, and prevents their seeing that they had better resort to their trusty family physician, where they would be safer. It is in venereal diseases principally that these fellows dabble, and it is to their ignorance we owe the many evil effects of venereal diseases, the boundary between which and other consequent diseases no man can define. They rob the pocket and injure the constitution of their poor victims, leaving them, as a general thing, much worse than when they first see them. Their occupation will be gone, and one nefarious traffic will have ceased.

PROF. ANDREWS, writing to the *Chicago Medical Examiner*, from the battle-field at Pittsburgh Landing, says:—"The surgeons showed commendable courage, and, indeed, seem to have exposed their lives unjustifiably, in some cases. One surgeon, whose name I cannot learn, was killed, and six or seven were wounded. Among the latter, was Dr. Frank Reilly, the junior editor of your Journal. He was shot in the leg, fracturing the fibula, while attending to the wounded of the Illinois Lead Mine Regiment, as assistant-surgeon. His wound disabled him from field service, and necessitated sending him home for recovery. Dr. Roskotten, of Peoria, was injured. His horse was shot under him, and falling on his leg, disabled him from field service. He went on board a hospital steamer, and rendered valuable service among the wounded there."

"SUICIDE IN FRANCE.—A curious calculation respecting suicides in France has just been published. It shows that the number of suicides committed in France since the beginning of the present century is not less than 300,000."

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, April 2, 1902.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. SIMS'S PAPER ON VAGINISMUS.

DR. ALEX. H. STEVENS, in remarking upon the paper, said: "I once had a case of this kind. A lady in consulting me told me that she suffered intolerable agony at every approach of her husband. I asked for an examination, and discovered the existence of a small irritable tumor alongside the meatus urinarius. The question has been with me, whether the disease is not the result of a natural exaggeration of those feelings in females which teach them to dread the first approaches of the male; whether, if the natural means were resorted to—the husband persisting and the wife submitting—the whole trouble would not be at an end."

DR. GRISCOM asked, if, under such circumstances, it would be always necessary to commence the treatment by the administration of anesthetics?

DR. POST suggested the use of the Greek name for vagina (*αἰ-ὸς*), as the term used by Dr. Sims had a Latin termination.

DR. PEASLEE.—Mr. President, I feel for one under very great obligations to Dr. Sims for giving to this disease a distinctive name, and I think the whole profession, so far as they are acquainted with the disease, will feel a similar obligation. In regard to the use of precise terms employed by Dr. Sims, I think the termination indicates the nature of the disease. In regard to the recommendation of the last speaker (Dr. S.), I think that many a woman who has suffered as in the first case related would rather die than have a continuance of the pain. The first case that came under my notice was recognised by mere chance, and occurred some ten years since in a lady who had been married eleven months. In that instance the husband was not wanting in efforts on his part, neither was the wife wanting in patience and endurance on hers—the sexual act, however, was never accomplished. I was applied to for advice, and found the lady in the condition of a "nervous wreck," as Dr. Sims styled it. On examination, I found what I supposed to be a partial occlusion of the vagina by the hymen, and I accordingly proposed an operation for a division of the membrane. It was about the time when ether was commencing to be used for anæsthetic purposes, and the sensitiveness of the parts was so great, that I remarked that I could not perform such an operation without first inducing insensibility. I gave the ether, and to my astonishment found that it was very easy to introduce the finger into the vagina, the former resistance to such an endeavor being now removed. I hence referred the difficulty to spasm of the vagina which was confined to the sphincter muscle. I made use of unguents, among which was one composed principally of extract of belladonna, which seemed to relieve the sufferings to that degree that the sexual act was accomplished after a time. The patient resided in the State of Maine, was under treatment but a short time, and I have not heard anything from her since. Within about five years after I saw another case precisely similar in character, though with less severe symptoms. I may here remark, that I believe cases may be met in which there is every gradation, from the severity of the symptoms in Dr. Sims's first case, down to those in which but slight hindrances to sexual intercourse exist. The case I now refer to was a lady who never had children, who had been married a period of ten years, who had frequently suffered from sexual intercourse, but who some months previous had found the accomplishment of the act impossible without the greatest agony. In that instance, by using an ointment composed of two grains of atropine to 3j. of lard, I suc-

ceeded in overcoming the spasm in about a fortnight. She remained well for two years, when I was again applied to, and the same treatment was available. I have seen quite a number of cases of Vaginismus, and I have been able to relieve all thus far, with the exception of my first case, which I had in charge only a short time. The ointment which I have generally used has been composed of atropine and lard in the proportions mentioned. I of course did not limit myself to the exclusive use of this remedy, but also employed mucilaginous injections, or injections containing extract of hyosciamus. As soon as the disposition to contraction is overcome to that extent as to make it allowable, I make use of a small-sized dilator. I have seen a case of vaginismus within the last fortnight—a lady had been married seven years, but had enjoyed sexual intercourse only about twice. It is possible now to introduce the index finger into the vagina, and in this instance, as in all the cases which I have seen, there is the excessive tenderness of the hymen, or carunculae myrtiliformes, as described by the author of the paper. In conclusion, Dr. P. asked concerning the extent of the incisions made by Dr. Sims.

DR. SIMS.—The incisions I make are more in the form of a γ than anything else. I commence first on the right of the middle line, about half an inch above the margin of the sphincter muscle. The sphincter muscle is about half an inch across, and from its edge down to the outlet of the perineal opening where the skin becomes mucous membrane, is very nearly an inch in most women. My incisions meet just below the lower edge of the sphincter muscle, and become one incision down to the outer edge of the skin. In regard to the composition of the term vaginismus, I think there are very many comprehensive words used in medicine which are made up of a mixture of Latin and Greek. However, I care very little by what precise name the disease is called; only it strikes me that the term is a comprehensive one, and that every physician who is not a good classic scholar will not be under the necessity of looking up the meaning of it in his Lexicon. In regard to the application of belladonna—one of my patients had used the ointment for years without any good effect, and the case now under my care, upon which I have not yet operated, has also proved the inefficiency of the remedy. The operation which I propose cures the disease, but the use of the dilator makes the cure permanent.

DR. PEASLEE asked if Dr. Sims cut entirely through the sphincter in each case. Dr. Sims.—I simply cut through the mucous surface, dividing the nerves of the part: I do not now consider it necessary to divide the sphincter. I remember the case of a lady married six years. Sexual intercourse was had, but her sufferings afterwards were so intense that she could hardly sit still. In her case, I removed the hymeneal membrane, dividing the parts through the perineum. She wore the instrument and went home, but although the outlet was clear of thickened membrane, sexual intercourse was just as painful as before. Even the mere touch of a camel's hair pencil was sufficient to give rise to a good deal of suffering. On examination, I found at the orifice of the vaginal outlet a small portion of membrane, about the size of a grain of wheat, which was extremely sensitive. This being seized with a forceps and removed, all trouble was at an end, and sexual intercourse was unattended with any pain. Dr. Clark examined by the microscope many of the membranes removed, and I regret very much that he is not present to give their composition.

DR. PARKER.—Mr. President, the paper read by Dr. Sims is a valuable one, and while it doubtless will be productive of much good to those females whose sufferings demand relief by the knife, I fear that the operation will be resorted to too often. We are too apt to run wild on everything that is new, and if the operation become fashionable, I tremble for the poor females, who are to be the only sufferers from it. Some of the cases termed vaginismus, I am convinced cannot be cured without the knife, but I am

equally well convinced that there are other cases which can be remedied by milder means. I am glad that Dr. Sims made the statement that it was only necessary in operating to divide the mucous membrane, otherwise he might have been understood as advocating the entire section of the sphincter. Some of the cases are doubtless due to a state of hyperæsthesia of the orifice of the vagina; but copulation may be rendered painful, and sexual intercourse may be impossible, simply on account of the existence of the painful tubercle alongside the urethra. I have seen a case which illustrated that point, where the mere removal of the growth, which was not much larger than a flaxseed, was attended with perfect relief. Permit me to draw an analogy between some cases of vaginismus and some diseases of the rectum and urethra. In examining the rectum, we often find it difficult to get in the finger, in consequence of the irritation of the part: especially is this the case when fissure of the anus is present, or when an irritable tumor or ulcer exists near the verge of the orifice. In these latter instances, the hyperæsthesia is secondary. A simple incision through the mucous membrane is generally sufficient to cure the case. We often too succeed in these cases without any operation, by simply introducing a spermaceti candle, smeared with some anodyne ointment, into the rectum at bedtime, allowing it to remain in that situation a little time. By the use of this instrument the fissure will frequently heal up, and the irritability of the sphincter, upon which it depends, entirely disappear. We often see the beneficial results of allowing a bougie to remain some little time in an irritable urethra. How often has a patient been relieved by these means alone!

Now the question suggests itself to me whether this same general principle cannot be applied to many cases of vaginismus, by the use of some of the vaginal pessaries exhibited by Dr. Sims; first etherizing the patient, and then allowing them to remain for some time in contact with the over-sensitive membrane.

DR. PEASLEE remarked that there were two classes of disease of the rectum—one where the spasmodic contraction and hyperæsthesia were due to some disease at or in the neighborhood of the sphincter, and the other where the over-sensitiveness was, so to speak, idiopathic. The same was the case with the vagina. He had seen cases where disease of the os and the small painful tumors gave rise to vaginismus, but that was altogether of a different character from the true vaginismus, as described by Dr. Sims, where no such relation of cause to effect could be made out. He thought it was the duty of every one who had a case, to decide whether or not the vaginismus was dependent upon a sympathetic relation with any disease of the generative organs, and if no such relation could be made out to exist, the operation was called for as the remedy.

DR. S. P. WHITE remarked, that he had seen a case of vaginismus in East 23d street, which was caused by an irritable excrescence just within the orifice of the urethra. The urethra and vagina were so exceedingly sensitive that the patient would recoil and scream upon the approach of my hand for an examination.

Dr. A. C. Post being called in consultation administered ether, and I snipped off the excrescence with a pair of scissors, following the excision with the application of lunar caustic. The spasmodic constriction of the vagina, however, did not yield until an ointment was used composed of atropine and aconitine; the acrid urine was diluted with alkalis and mucilaginous drinks; the nervous hysterical condition was relieved by anti-nervines; and the patient became pregnant. In the course of a few months she gave birth to a plump boy, and has not complained since.

With respect to spasmodic constriction of the rectum, I have seen it caused by a small irritable ulcer on its edge, opposite the termination of the os coccygis, and which was soon relieved by the application of caustic potash.

Dr. Stone, of New Orleans, has been arrested by Gen. Butler, and confined, heavily ironed, in Fort Jackson.

American Medical Times.

SATURDAY, JUNE 21, 1862.

VENTILATION OF THE SENATE CHAMBER.

SENATOR HALE has introduced into the Senate of the United States the following resolution:—

"That a committee of three be appointed by the chair, whose duty it shall be to inquire and report to the Senate whether some plan may not be adopted for the ventilation of the Chamber in its present location, or by a reconstruction of the Chamber, by removing the same to the outer walls of the building, so as to render the same more conducive to the health and comfort of those who are required to occupy the same."

In explanation of the resolution, the SENATOR remarked that the present system of ventilation of the Chamber was the worst that human ingenuity could devise; the air which they breathed was pumped up from a damp and unwholesome place below the surface of the ground, and the ceiling was so constructed as to concentrate the rays of the sun upon their heads, giving to the Chamber the character of a hothouse for raising exotic plants.

As a people, we care little about the ventilation of our private residences, and much less about the ventilation of public edifices. The main object sought is to render a building warm in winter on the most economical principles; and, in general, the means by which this end is attained are as rude as those employed by the savage. The air of the best apartments of private residences is, in general, vitiated, and its sleeping rooms are offensive to the new lodger. In our churches we are careful to provide reclining, softly cushioned seats, where we may enjoy the full influence of the soporific atmosphere of the building. Our school-houses are the nurseries of depraved constitutions, and, in consequence, of a degenerate race. In our courts of law, justice is often stifled by the foul emanations of the unwashed crowd, and, forgetful, inclines her balance. Even the anomalous spectacle is often witnessed of medical men and sanitarians sitting, in grave debate on the sources of human ills, in rooms fragrant with the aroma of their medicated breath and clothing.

We rejoice that the ventilation of public buildings is beginning to attract attention in this country, and that in high places. Our extreme folly in neglecting this most important branch of scientific architecture, is illustrated on a magnificent scale at the National Capitol, and it is here that the reform should commence and pervade all ranks of society. At an enormous expense, Government has extended the wings of the old Capitol, and constructed new halls, for the accommodation of the Representatives. No expense or pains has been spared to give it architectural beauty and completeness, and render it worthy of a great nation. Contemplated in the distance as it rears its massive and yet graceful proportions above all surrounding objects, and forming a pleasing object on which the eye rests as it sweeps over the broad valley of the Potomac, the National Capitol inspires the American citizen, at his first approach, with patriotic pride. But what is his disap-

pointment when he enters its halls, to find that utility has been sacrificed to an obsolete style of architecture, and that the only American idea fully realized is a total disregard of ventilation. The first month's session proved that the building was almost untenable, and that before the building was completed the work of reconstruction must be commenced.

SENATOR HALE has entered upon this inquiry with, apparently, a full appreciation of its importance, and a determination to find a remedy. We beg to make a few suggestions to the Committee which may facilitate their investigations, and lead to practical results.

This is not the first time that a National Capitol building has been reconstructed for the simple purpose of improving its ventilation. The old Parliament building was so deficient in ventilation, that an eminent writer of the time states that he would not endure the smothering to which members were subjected for any consideration. No real improvement, however, was made until DR. DAVID B. REID, of Edinburgh, now of this country, developed his system of ventilation, based on the laws of physics, and practically demonstrated its utility in a large school-room.

DR. REID was invited to apply his method in the House of Commons. Of the special plans employed we will only state that the fresh air was derived, as far as possible, from uncontaminated sources; it was washed, screened, and treated with chemicals, when loaded with noxious emanations, or soot; the drains and sewers in the vicinity were deprived of offensive gases and vapors; the ground in the vicinity exhaling offensive smells was deodorized with chemicals; the temperature, moisture, and movement of the air in the House were adapted to the weather, and attendance, by a power that could give one foot or fifty thousand cubic feet, or any intermediate proportion of air, at pleasure, in a minute according to necessity; the air vitiated in the lower part of the House did not ascend and contaminate the galleries, or *vice versa*, the supply to each being separate; the products of respiration, and of the combustion of lamps and candles, were all removed at once and not permitted to return. During the fifteen years that this system was in operation—1836-51—the windows were not opened on a single occasion.

Of the success of DR. REID's plans of ventilation we have the most satisfactory evidence. LORD SUDLEY said:—"The ventilation of the House of Commons was complete and perfect—and the first plan of systematic ventilation ever carried out in this or any other country." "To the skill, zeal, and determination of DR. REID, it is owing that the members of the House of Commons can now pursue their senatorial duties without a sacrifice of their health or comfort." SIR B. HAWES said:—"You have facilitated public business, and prolonged the lives of public men." SIR JAMES CLARKE stated that "DR. REID's success in the Houses of Parliament, and similar efforts in the same direction, would do more to improve the public health than any measure with which he was acquainted." DR. NEIL ARNOTT, in his evidence before the House of Commons' Committee, said:—"Until the late House of Commons existed as ventilated by DR. REID, there was never in the world a room in which five hundred persons or more could sit for ten hours in the day, and day after day, for long periods, not only with perfect security to health, but with singular comfort."

We call the attention of the Committee to these facts,

for the purpose of showing that the ventilation of public Assembly buildings is no longer a matter of mere conjecture, but is reduced to a system as perfect and practicable as can be attained by the study of the laws of the physical sciences. Nor should they look to architects and mechanics for a correct knowledge of ventilation; it takes rank among a higher class of studies, being practically understood only by the student of the chemico-physical sciences. In the hands of the architect, ventilation is always sacrificed to the merest whim of taste, as a matter of secondary importance. Of this we have a melancholy example in the erection of the new House of Parliament. So essential was DR. REID's plan of ventilation considered that he was associated with the architect in the erection of the buildings. But a conflict of opinions soon commenced, the architect refusing to carry out the plans of DR. REID, as they interfered with his own, and, as a result, the full perfection of his system of ventilation was not realized. Already, as SENATOR HALE informs us, the question of an improved ventilation of the Senate Chamber has been submitted to the gentleman who has charge of the extension—CAPTAIN, now GENERAL FRANKLIN. We can positively assure the Committee that in such hands their scheme of improved ventilation will fail of success.

Let the Committee then summon to its aid men who have given to this subject the study it merits, who are experts in chemical and physical sciences. Or, what would realize the same result, let them offer a large premium for the best plan of ventilating the Senate Chamber, the award to be made by a Scientific Commission. We have among us those who would cheerfully respond to such an invitation, and who are thoroughly qualified to furnish plans for the effectual ventilation of the Capitol building. When a plan is selected let the Committee see that it is thoroughly applied, and that no architect perverts its details by architectural refinements.

THE WEEK.

THE Eclectics of Philadelphia carry their system of appropriating the labors of others to their own benefit into literature as well as medicine. Professor B. F. PAINÉ, M.D., who, it appears from the announcement of the Eclectic Medical College of that city, "brings to his department a thorough knowledge of his subject, acquired by close study," has given evidence of his extensive reading by publishing in the *Eclectic Medical Journal*, an original lecture on abortion, the greater portion of which is copied, without acknowledgment, verbatim, from Prof. BEDFORD's recent work on the *Principles and Practice of Obstetrics*. Plagiarism in an Eclectic must be a virtue, and we can but commend the Professor for adhering to his creed in the face of a scornful and fault-finding world.

THE daily expectation of a great battle near Richmond, and the consequent demand for hospital accommodations, continues to stimulate the authorities in their efforts to meet the emergency. The churches of Washington and Alexandria have been seized, and a demand has been made upon this city for enlarged provision for the wounded. We must repeat the suggestion of last week, that the wounded should be distributed more widely at the North. Washington is as unfit for hospitals as a place can be made by the accumulation of the *materies morbi*, and the same is true of Alexandria and Yorktown. The sick can be transported

to Portland as easily and safely as to Washington, if our transport system was thoroughly organized, and supplied with competent officers and nurses. At some points, as at Albany, in this State, large and well located hospitals, prepared for this emergency, stand vacant, and with open doors ready to receive the sick, while citizens and surgeons are prepared to bestow upon them every care and attention. It is folly to herd the sick in large cities when such distribution can easily be made.

THE following order has appeared from the War Department:—

WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE,
Washington, June 16, 1882.

General Orders, No. 66.—Surgeon DAVID S. HAYS, 110th Regiment Pennsylvania Volunteers, having been ordered to conduct to this city a large detachment of sick and wounded men, and having shamefully neglected them after their arrival, the President directs that for this gross dereliction of duty he be dismissed from the service, and he is hereby accordingly dismissed.

By order of the Secretary of War,
L. THOMAS, *Adjutant-General.*
Official: E. D. TOWNSEND, *Assistant Adjutant-General.*

It appears that Surgeon D. L. HAYS, of the 110th Pennsylvania, accompanied to Washington upwards of three hundred wounded soldiers from Gen. Shields's Division, and left them in the cars over Saturday night, while he himself went to bed at Willard's. He admitted these facts when called before the Secretary of War, but pleaded that he had vainly sought to find any official in Washington to tell him what disposition to make of the wounded. It is stated in the newspaper reports that the "Secretary having heard him through, said, in a tone calculated to impress his hearer: 'That a man who could be guilty of such inhumanity was a disgrace to the army and the country, and should be forthwith dismissed from the service, and advised him to leave the room and the department instantly.' Had he not done so his movements would have been accelerated by the throng in attendance at the department, whose verdict was that the Secretary had served him right. The friends of Dr. Hays claim that he was no more to blame than officials here, who, although advised that the train was to arrive, were not present to direct him what to do with the soldiers. But the truth is that the telegram to this effect, if sent, failed to arrive, in consequence of the storm, and neither the Surgeon-General nor any of his subordinates here was apprised of the arrival of the soldiers, nor can any defence relieve Dr. Hays from the charge that he provided himself with a comfortable bed, while leaving the soldiers boxed up in the cars without food or attendance. The Surgeon-General, in a note to the Secretary of War, desired him to make an example of this man as a warning to others."

THE Act re-organizing the Medical Department of the Army provides for the appointment of eight Sanitary Inspectors, whose special duty would be to visit the camps and hospitals and supervise their sanitary condition. These appointments have been delayed, to the great detriment of the army. The nominations have finally been made, and the Senate has acted upon them. So far as announced, the following gentlemen have been selected, viz. DR. JOHN M. CUYLER, Surgeon, U.S.A.; DR. RICHARD H. COOLIDGE, Surgeon, U.S.A.; DR. EDWARD P. VOLDEUM, Assistant

Surgeon, U.S.A.; DR. GEO. H. LYMAN, GEO. F. ALLEN, and W. H. MUSSEY, Brigade Surgeons, U.S.A.

Reviews.

HAND-BOOK OF SURGICAL OPERATIONS. By STEPHEN SMITH, M.D., Surgeon of Bellevue Hospital. New York: Baillière Brothers, 440 Broadway.

DURING the past year medical men from all parts of our country, impelled by motives of patriotism and benevolence, have rushed to the army to secure positions as regimental surgeons or assistants. Many, having availed themselves of the advantages derived from hospital practice, are, no doubt, qualified to perform the duties incumbent upon them; while others, although intelligent and well educated, from lack of opportunity, are not familiar with surgical practice, particularly the performing of operations. Yet we must have surgeons in our army. In a gigantic war like the present, coming upon us so suddenly too, and making such large demands upon the profession, it is not to be expected that all can be fully competent, or that every regiment can have an accomplished and skilful surgeon. There is, however, no excuse for those who, in assuming these duties, neglect to avail themselves of every opportunity to become acquainted with the details of surgical practice. The standard treatises on surgery are, for the most part, thorough and complete, full of information, and embrace every topic in the range of surgical science. As text-books and works of reference they are invaluable, and should be carefully studied; but they are not always accessible to the army surgeon, and from their bulk and comprehensiveness are inconvenient to consult at all times. The same may be said of many of the works on military surgery.

What has, therefore, been a desideratum, is an abridged work on practical surgery, a portable compendium of surgical operations, and the methods of performing them, systematically arranged and fully illustrated; not only adapted to the general practitioner, but especially to the wants of the military surgeon:—and such is the book under consideration.

It is a neat volume of 280 pages, containing over 200 engravings. As its name indicates, it is a manual of convenient size, containing a clear and accurate description of the different modes of procedure in those important operations which come under the observation of army surgeons particularly, and many useful and practical hints in the treatment of surgical troubles resulting from military and naval warfare.

Dr. Smith has, with great industry, availed himself of the works of distinguished surgical writers, and has given us, in his little volume, an excellent *résumé* of their labors and experience.

The order of subjects treated is as follows:—

Under the head of Minor Surgery, we have in the first chapter, an article on instruments, on union of wounds, bandages, dressings, hæmorrhage, blood-letting, counter-irritants, vaccination, and anæsthetics. The other chapters are on wounds of arteries, with a description of all the arteries ever ligated; on veins, on amputations, resections, gunshot wounds, and secondary hæmorrhage, with an index alphabetically arranged, with order and exactness, a necessary part of a book like this.

The chapter on Resections is one of the best in the book, and includes the substance of everything known or written on this interesting branch, and is admirably illustrated by the engravings, not only of the instruments used, but the different steps of each operation.

The chapter on gunshot wounds, taken from Prof. Longmore's article, is clearly compressed into a set of aphorisms of great practical importance, and will be read with interest.

The entire work must commend itself, on account of its method, accuracy, perspicuity, and conciseness.

C. D. S. :

HINTS AND OBSERVATIONS ON MILITARY HYGIENE; with the best means of Treating the Medical and Surgical Diseases of the Army. By LAWRENCE TURNBULL, M.D., one of the Surgeons of Howard Hospital. (Reprinted from the Medical and Surgical Reporter.) Philadelphia, 1862. Pp. 62.

This pamphlet consists of a series of articles published during the last few months in our Philadelphia contemporary. A large range of subjects relating to military medicine and surgery are discussed, with ample illustrations from authorities. We have read no running commentaries on military medicine with more interest or profit than the papers of DR. TURNBULL; they evince, not only great familiarity with the literature of the subject, but also that practical good sense which at this time is greatly needed on the field. We should be glad to see this publication largely circulated among the surgeons of the army.

ON BANDAGING AND OTHER OPERATIONS OF MINOR SURGERY. By F. N. SARGENT, M.D., Member of the College of Physicians of Philadelphia, etc., etc. New Edition, with an additional Chapter on Military Surgery. By W. F. ATLER, M.D. With one hundred and eighty-seven illustrations. Philadelphia: Blanchard & Lea. 1862.

The present edition is improved by a short chapter on military surgery. The work is too well known to the profession to require commendation at our hands.

Correspondence.

DR. BENNETT'S CASE OF RESECTION.

BRIDGEPORT, June 16th, 1862.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I observe in your issue of the 14th June inst., that a correspondent under the head of "Connecticut Med. Society," in speaking of my case of resection of the head of the humerus, for an enchondromatous tumor, represents me as expressing the opinion "that the operation was unique." The writer mistook my meaning. I simply stated that I could not learn that I had been anticipated by any surgeon in *this country*, in a resection of the head of the humerus for a disease of this nature, which I still believe to be the fact. I do not choose at this time to report the case in detail, designing to do this at a later date, but will merely state that the length of bone removed was five and a half inches, including the head, the tumor measuring thirteen inches in its largest circumference (taking the direction of the circumference of the humerus), and involving the bone from the neck to within half an inch of the point at which it was sawed off. I have been informed by Professor Geo. C. Blackman of Cincinnati, whose knowledge of the literature of surgery I believe to be equal to that of any gentleman in this country, that he is at present aware of but four cases of an analogous character, recorded by European surgeons, viz. one each by Syme, Roux, I. Hutchinson, and Bickersteth. My patient is at this date, four months after the operation, in excellent health, and has a very useful arm.

Yours, etc.,

H. N. BENNETT.

MEDICAL COLLEGE OF OHIO.

[To the Editor of the AMERICAN MEDICAL TIMES.]

CINCINNATI, May 29, 1862.

At a meeting of the students of the Ohio Medical College, regularly called, the following resolutions were offered and unanimously adopted:

Resolved,—That the thanks of the students, now in attendance at the Ohio Medical College, are due and hereby tendered to Brigade Surgeon H. S. HEWITT, late Medical Director of the department of West Tennessee, for his very interesting and valuable lectures upon military surgery delivered before the class in the absence of PROF. BLACKMAN.

Resolved,—That a copy of these resolutions be signed by the Chairman

and Secretary of this meeting, and that the same be delivered to DR. HEWITT by a committee appointed for that purpose; also, that a copy be sent to the *Lancet* and *Observer* and the AMERICAN MEDICAL TIMES, with the request that it be published.

Geo. E. SMITH, Secretary.

J. SYMES ELY, Chairman.

FOREIGN CORRESPONDENCE.

By PROF. CHARLES A. LEE.

LONDON, June 1, 1862.

It is not my design to report individual cases, which I may observe in my visits to the different hospitals. The most interesting of these are regularly reported in the London *Lancet* and *Medical Times*, and can be copied into your pages, if thought desirable.

The London surgeons operate more fearlessly, and with more rapidity than ours do on our side of the Atlantic: but I very much doubt whether more successfully, except in particular cases. Thus I saw Mr. Ferguson operate for double cleft palate last week, and the operation was completed in fifteen minutes. He afterwards informed me that the average duration of the operation of staphyloraphy in his hands was ten minutes, and that out of one hundred and five cases, he had met with complete success in one hundred and two. This must be admitted to be extraordinary activity and marvellous success. But much of this success is owing to previous frequent manipulations by the finger of the patient, or a tooth brush, of the fauces and parts adjacent, and to the very free separation of the velum palati from the bone, so as to allow great distension. The profession is indebted to Mr. F. for this practice, which he introduced many years ago, but which has recently been claimed by another surgeon as having originated with him. In the removal of scirrhus breasts, which I have seen done by Mr. Paget, Mr. Skey, and Mr. Ferguson, I think the average time employed in the operation was not over two minutes, although in every case chloroform was given, and generally by an inhaler, which admits freely the atmospheric air. One great advantage attending this mode, is that we can regulate exactly the quantity administered: usually from twenty to thirty drops are introduced, and it is rarely necessary to use any more. This shows, at least, how much our surgeons are in the habit of wasting, in their mode of administering it on a sponge or napkin, and by the way. I may mention that a death from chloroform has occurred near my lodgings within the last few days under the following circumstances: The patient was laboring under fistula. Chloroform was given on a napkin. It appearing to take no effect, more chloroform was poured on, and this was repeated twice. On the third application the patient turned over, and immediately ceased to breathe. All attempts to restore respiration failed. Autopsy showed that the walls of the heart were very thin, and the cavities dilated, with great insufficiency of both mitral and tricuspid valves. There was also fatty degeneration of the organ. Both lungs were strongly adherent to the chest. Throughout the greater portions of their extent, Dr. Gant, of the Royal College of Surgeons, testified on the inquest, that owing to this diseased and enfeebled state of the heart, and to the lungs being incapable of expanding from the extensive adhesions, they necessarily failed under the influence of chloroform, and death resulted instantaneously from paralysis of the heart. I think the case goes far to show that the condition of these organs should be correctly ascertained, if possible, before we venture to give this powerful agent.

I have said that British surgeons operate with more celerity, but perhaps not more success than American surgeons. If I wanted proof of this I might quote lithotomy statistics. According to Mr. Bryant (London *Lancet*, May 3d, p. 459) at Guy's Hospital, fifty-seven per cent. of patients above the age of forty, who have been operated on for stone, have died, and the gross result of lithotomy in the provinces is about the same as at Guy's. There are, however, instances where the mortality is not so great.

Thus in the Norfolk and Norwich hospitals, only twenty-three per cent. of patients above the age of forty have died after lithotomy. But if any one will compare these results with those of American surgeons, as recorded in Gross's Surgery, he will find that the percentage of deaths is far greater than with us. Indeed, one of the most distinguished operators for stone in London told me, that he believed the fatality of this operation in Great Britain was as great at the present time as it was one hundred years ago!

I am very glad to find that in the ophthalmic hospitals in London and the provinces, as well as in the military hospitals, as at Chatham, the *ophthalmoscope* is in general use and highly appreciated. In no branch of our art have I seen such decided improvement within the last twelve years, since I was here, as in ophthalmic surgery; and much of this progress is owing to our being able to explore the deep textures of the eye by the ophthalmoscope. This admirable instrument was nearly perfect, when introduced a few years ago by Helmholtz; and now there is but one opinion as to its effectiveness, and to its immense importance, in enabling us to investigate diseases, especially of an obscure nature, in this delicate organ. And what surprises me, is to see the degree of tolerance of such examinations, in almost every kind of ophthalmic disease; a result we certainly should not have looked for *a priori*. Temporary dimness of vision may in some cases be induced by its use; but by a proper regulation of the quantity of light admitted into the eye, we may employ it with advantage in acute glaucoma, or even in retinitis. A metallic speculum is now preferred for the instrument instead of glass, as it is more portable and less brittle, has a small, thin-edged sight hole, and but one reflecting surface. Besides, a metal reflector always gives a clearer and better-defined image than a glass one. It is true that some experience is necessary to enable one to derive all the advantages from this instrument of which it is capable; but the same may be said of the stethoscope or any other instrument. The division of the ciliary muscle of the eye for glaucoma, opacity of cornea, etc., may also be mentioned, as evidence of progress in the treatment of this class of diseases. This operation I saw performed several times, and very skilfully, by Mr. Hancock of the "Royal Westminster Ophthalmic Hospital," and with decided benefit. Thus, out of 511 principal operations performed at this institution during the last year, I find that this operation has been resorted to in 118 cases. Of a variety of affections, about 1000 patients are here annually treated, and there is no better place for students to study this class of diseases.

Mr. Czermak, of Prague, the inventor of the *Laryngoscope*, has been in London recently, and showing upon himself how readily and successfully the instrument may be used. Mr. Paget speaks favorably of it, but doubts whether it can be successfully introduced into practice. It is something like injecting the bronchial tubes—very easy to describe, and very difficult to accomplish. Mr. Czermak showed, as long ago as 1859, that it was possible, by the aid of his laryngoscope, to apply local cauterizations in the larynx and the naso-pharyngeal cavity; but the same can be done without. But then, how can we ascertain whether there is disease enough in these parts to require local treatment? In some cases, probably, we cannot, but as a general rule, I think we can. The rational signs, in such cases, are generally pretty clear and decided; I know that we have reports that polypi of the larynx have, in two cases, at least, been removed by the aid of this instrument. But, as Mr. Paget remarked to me, it must always be a very difficult operation, inasmuch as the image is reversed, and every one knows how very difficult it must be to operate under such circumstances. Here, we have to introduce the laryngoscope with one hand, and keep it immovable in such a position and inclination, as to reflect the desired image, while with the other, holding a suitable instrument, we proceed to operate. But the difficulty I have named is so great, that it would

require a constant practice, and for a considerable time, to enable a surgeon to attain even a moderate degree of success in the use of the instrument. Owing to these causes the laryngoscope has been, as yet, very little used in this metropolis, and I may very safely predict that it will be a long time before it will be. The inventor, however, is a very talented and ingenious surgeon, and certainly deserves, if he does not meet with, great success. That scientific merit, sooner or later, meets its just reward, I may mention the splendid and unprecedented success, which has attended the career of our friend, Dr. Brown-Sequard, since he came to this city. In no instance has great professional success created less envy, inasmuch as all cheerfully acknowledge that it has been fairly earned. As the head of the great "National Hospital for the Paralyzed and Epileptic," instituted by the Lord Mayor, at the Mansion House, Nov. 2, 1859, and under his presidency, and supported mainly by the nobility, Dr. Sequard has found a theatre worthy of his science and his skill; and with considerable success, which has attended his efforts, demonstrates the soundness of the physiological and pathological views he has inculcated in his various writings and lectures. This success, moreover, has, as its fair and legitimate consequence, introduced him into the largest practice, in the greater class of nervous affections, of any practitioner in England. The out-patients of his hospital number at this time over 800, while his private patients are so numerous as to occupy every moment of his time. He is called on, daily, by patients from almost every part of Great Britain, and no small portion of them belong to the class of the nobility. Surely, such an example as this may well be held up to the younger members of our profession, to show them that industry, perseverance, energy, and real merit, will sooner or later meet its due reward. I may also mention, by way of example, that since Brown-Sequard commenced his scientific investigations he has never attended a place of amusement, or allowed anything to draw off his mind and attention from his pursuits; and although he resided in Paris, at the time of the great International Exhibition, and daily passed by the building, he never entered it, and has no idea, to this day, what there was in it.

Medical News.

INCREASED HOSPITAL ACCOMMODATIONS—NEW POINT COMFORT.—Dr. Cuyler is making arrangements to enlarge the hospital accommodations here, besides the new general hospital at Newport News. Dr. C. will, in a few days, proceed to New Point Comfort, mouth of the Potomac, with the view of occupying the large hotel and cottages there, which will materially increase the hospital accommodations in this vicinity. The salubrity of the location and extensive character of the buildings there, are much in favor of the selection.

SURGEONS AND NURSES.—The demand is and will continue to be for competent surgeons and nurses. They are wanted not temporarily but permanently. New surgeons offering their services should do it with this reference. If volunteers cannot be obtained, Dr. Cuyler is prepared to hire competent surgeons, who will be expected to engage themselves as long as their services are required.

By a recent Act of Congress the rank of Brigade Surgeon is abolished, and this class of medical officers are subject to the same rules which govern surgeons. The Corps of Surgeons is also to be enlarged by the appointment of one hundred and sixty more for the war, forty being full Surgeons, and the remainder Assistant Surgeons.

At the Annual Meeting of the Medical Society of the State of Pennsylvania, held in Philadelphia, a committee was appointed to inquire as to the expediency of publishing a Daily Medical Gazette.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 8th day of June to the 15th day of June, 1892.

Deaths.—Men, 78; women, 73; boys, 105; girls, 79—total, 335. Adults, 151; children, 184; males, 188; females, 152; colored, 4. Infants under two years of age, 109. Children reported of native parents, 28; foreign, 186. Among the causes of death we notice:—Apoplexy, 7; infantile convulsions, 22; croup, 6; diphtheria, 6; scarlet fever, 20; typhus and typhoid fevers, 16; consumption, 45; small-pox, 8; dropsy of head, 18; infantile marasmus, 19; cholera infantum, 2; inflammation of brain, 9; of bowels, 5; of lungs, 16; bronchitis, 2; congestion of brain, 10; of lungs, 4; erysipelas, 2; whooping cough, 9; measles, 1. 178 deaths occurred from acute diseases, and 85 from violent causes. 217 were native, and 118 foreign; of whom 76 came from Ireland; 46 died in the City Charities; of whom 10 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

June 1892	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity Sat'ion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
8th.	29.98	.20	55	50	60	5	8	NE. to S.	9	796
9th.	30.10	.17	59	48	70	8	19	NE. to S.	4	583
10th.	30.00	.15	62	54	73	6	12	NE. to S.	4	660
11th.	29.90	.11	64	54	74	7	13	NE. to SW	7	610
12th.	29.70	.10	73	60	83	9	15	N. to S.	2	590
13th.	29.70	.08	78	70	86	9	15	W. to S.	4	610
14th.	29.80	.10	78	70	86	9	16	S. W.	4	610

REMARKS.—8th. Rain, A.M.; fresh wind, P.M. 9th. Variable, A.M.; clear P.M. 10th. Clear, A.M.; fresh wind afternoon, with light rain; thunder shower, late P.M. 11th. Variable, shower P.M. 12th. Sultry. 13th. Sultry, thunder storms at 4 and 6 P.M. 14th. Sultry, showers during the evening.

SPECIAL NOTICES.

SECTION OF SURGERY AND SURGICAL PATHOLOGY.—*The Stated Monthly Meeting of the Section of Surgery and Surgical Pathology, will be held at the house of the Chairman, Dr. JAMES R. WOOD, No. 2 Irving Place, on Friday evening, the 27th inst., at 8 o'clock. Subject for discussion, "Tracheotomy in Cynanche Trachealis."*

DR. JULIUS HOMBERGER,
Specialist: Diseases of the Eye,

has removed to

24 West 12th Street.

OFFICE HOURS: { From 9—11 A.M.
5—6 P.M.

John W. Shedden, Apothecary,
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Squibb's, Allen's, Tilden's, Herring's, and other fine preparations always on hand; also Pure Chloroform and Oxalate of Cerium prepared for us by Duncan Flockhart & Co., Edinburgh.

L. Lyons' Pure Ohio Catawba Brandy.

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[COPY.]

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To prevent imposition, the labels on the genuine article have the Certificate of Dr. Hayes of Boston, printed on them. *None Genuine without it.*

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85 Columbia Street, Cincinnati.

Wm. H. Davol, M.D., late Physician
to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.
References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

American Journal of Ophthalmology
JULIUS HOMBERGER, M.D., EDITOR.



Subscription Price for one year (six numbers), \$2.00; sample numbers 25 cents.

BAILLIERE BROTHERS,
440 Broadway, New York.

Medical Storekeepers.—The following extract of an Act of Congress in relation to the appointment of Medical Storekeepers is published for the information of persons desirous of applying for such a position:

AN ACT to authorize the appointment of medical storekeepers and chaplains of hospitals.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Secretary of War be authorized to add to the medical department of the army medical storekeepers, not exceeding six in number, who shall have the pay and emoluments of military storekeepers in the quartermaster's department, who shall be skilled apothecaries or druggists, who shall give the bond and security required by existing laws for military storekeepers in the quartermaster's department, and who shall be stationed at such points as the necessities of the army may require: *Provided*, That the provisions of this act shall remain in force only during the continuance of the present rebellion. Approved, May 20, 1862.

II. The following are the regulations which will govern the appointment of medical storekeepers under the first section of the foregoing Act of Congress:

1. A board of not less than three medical officers will be assembled by the Secretary of War, to examine such applicants as may, by him, be authorized to appear before it.
2. Candidates, to be eligible to examination, shall be not less than twenty-five years nor more than forty years of age; shall possess sufficient physical ability to perform their duties satisfactorily; and shall present with their applications satisfactory evidence of good moral character.
3. Candidates will be required to pass a satisfactory examination in the ordinary branches of a good English education, in pharmacy and materia medica; and to give proof that they possess the requisite business qualifications for the position.
4. The board will report to the Secretary of War the relative merit of the candidates examined, and they will receive appointments accordingly.
5. When appointed, each medical storekeeper will be required to give a bond in the amount of \$40,000 before he shall be allowed to enter on the performance of his duties.

By order of the Secretary of War:

L. THOMAS, ADJUTANT GENERAL.

A Board of Medical Officers for the examination of applicants will be convened in the city of Washington on the first day of July, to continue in session one month.

Applications to appear before the Board should be addressed to the Secretary of War.

Surgeon-General's Office, June 5, 1892.

Sent Free by Mail on Receipt of Price.
Consumption, its Early and Remediable Stages. By Edwards Smith, M.D. 8vo. London, 1892. \$3.25.
BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.
Gmelin (L.) Hand-Book of Chemistry.
Vol. I. 2d Edition, revised. 8vo. London, 1861. \$3.25.
BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.
Epilepsy: its Symptoms, Treatment, and Relation to other Chronic Convulsive Diseases, by J. R. Reynolds, M.D. London. \$3.25.
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This Tissue is always reliable, being of a uniform strength and blistering in six hours. It is neat, handy, economical, and of a great convenience for Physicians (principally country Physicians) Pharmacologists, and Patients. Generally used in the civil practice; it is the only one employed in the active armies and hospitals of France.

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This ANTI-GOUT preparation is among the numerous topical applications possessed by therapeutics, the best external remedy for GOUT, RHEUMATISM, and NEURALGIA.

N.B. It is very important, in applying this oil, to rub gently on the inflamed part, *all the skin to be completely saturated with the oil.*

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BONJEAN'S ERGOTINE & DRAGÉES OF ERGOTINE.

Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of *Secale Cornutum*, minus its poisonous substance. In consequence, Bonjean's Ergotine may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of Bonjean's Ergotine is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

LABELONYE, Pharm., No. 19 Rue Bourbon, Villeneuve, Paris.

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PIERLOT'S VALERIANATE OF AMMONIA, FOR NERVOUS AFFECTIONS.

This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

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BOUDAULT'S PEPSINE,

Successfully prescribed in *Dyspepsia, Gastralgia, in slow and difficult digestion, in chronic diseases*, and also to arrest vomiting during pregnancy.

Dose.—Fifteen grains in powder, two or three times a day, just before eating.

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Each Granule contains one-third of a grain of Hydro-alcoholic Extract of *Digitalis Purpurea*. This preparation is an excellent sedative, a powerful diuretic and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations, Anemia, and Hyper-trophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

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Dose.—Ten to twelve a day for an adult, repeated three days.

GELIS & CONTÉ'S DRAGÉES OF LACTATE OF IRON.

Approved by the French Academy of Medicine.

The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis, Whites, Amenorrhoea*, and general debility. Each Dragée contains one grain Lactate of Iron.

Dose.—Two to three, three times a day.

PAULLINIA-FOURNIER,

Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia, Headache, convulsions of the stomach, &c., &c.* It is favorably spoken of by Drs. Troussseau, Pidoux, Grisolle, &c., &c.

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The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit, in cases of *general debility, Anemia, Dyspepsia, Neuralgia*, and principally where a nervous tonic is indicated.

Dose.—Two to four Dragées, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as cod liver oil.

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Original Lectures.

COURSE OF LECTURES

ON

DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.

Session 1880-81.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE IX.—PART II.

Of the cutaneous affections mentioned, *erythema* is a very common occurrence. It consists of a superficial hyperæmia of the cutis, sometimes complicated with a small amount of exudation. According to the amount of serum transuding through the blood-vessels, more or less desquamation, in very small scales, will take place, but it forms no necessary part of the affection; at all events no formation of vesicles is observed. One of the characteristics is found in the gradual transition of the healthy into the erythematous surface. The etiology of erythema is simple enough; in a large number of cases the causes are: high temperature, and chemical, physical, and mechanical irritation. Different names have been invented to suit the different forms and causes of the affection. They have called it *intertrigo*, when the case was one of erythema, produced by friction of two adjacent surfaces, near the folds of the femora, or neck, behind the ears, or near the mammae of fat women. *Decubitus* is called the erythematous discoloration of the skin depending on long continued pressure over the sacrum, trochanter, etc., in protracted diseases. *E. læve* it has been named when the consequence of considerable expansion of the skin in dropsy, or the result of local injuries. And a very common form is that depending on the irritation kept up on several places by discharges from the neighboring organs, thus from the nose on the upper lip and cheeks, from the bladder on penis, prepuce, scrotum, and femur.

Besides, erythema is regarded as having been observed epidemically, and with cyclical course. Whether this is founded on truth, or whether or not mild cases of scarlatina or measles were mistaken for a typical erythema, is an undecided question. At all events the differential diagnosis between the several forms is sometimes a difficult one, and especially while both of the mentioned forms of epidemic diseases are frequently observed.

This uncertainty of a distinct diagnosis is not an uncommon thing. It proves that the same anatomical alteration in the skin takes place under different epidemic influences, usually modified by the nature of the latter. Thus, for instance, there is a difference of opinion, up to this day, on the occurrence of epidemic *roseola* or *rubeola*. While some positively deny its existence, taking it as a modified form of scarlatina, or measles, or erythema; others assume its occurrence as an independent disease taking its own course like other epidemic affections, and not at all identical with measles or scarlatina. It is said to consist of isolated, irregular spots, usually with no vascular reaction, but sometimes attended with erythema, and even inflammatory fever; to be uncomplicated in the majority of cases, sometimes, however, to be attended with a tracheal cough, and thus mistaken for measles; sometimes with angina, and mistaken for scarlatina. Neither measles nor scarlatina are said to procure an immunity from rubeola or *vice versa*, while its causes, regular or irregular migration, propagation, contagiousness or non-contagiousness, etc., remain open questions. Now these differences of opinion prove nothing else but the anatomical similarity between the large number of hyperæmic and inflammatory diseases of the skin, and the

correctness of Dr. Simon's classification, and its foundation on anatomical principles.

Strophulus (*lichen* in adults) is generally laid down as the most common cutaneous affection during dentition. The exudation does not take place superficially, but into the cutis, sometimes with tumefaction of its tissue. Therefore no vesicles, but little nodes, are formed. Its causes are frequently unknown. Whatever is apt to produce a single superficial erythema, may just as well give rise to an affection of the cutis itself in consequence of protracted or more intense injury; therefore coarse linen or flannel, dirt, animal parasites, and high temperature, are best known among its prominent causes. Some forms of "prickly heat" are simply strophulus. It is found either in groups, or isolated, or diffuse, of red, or normal, or extremely pale color, the latter depending on compression of neighboring blood-vessels. Simple strophulus takes a week or two to run its complete course with desquamation and full recovery, chronic cases being rare exceptions. A single form only, *lichen agrius*, which is not at all common in young children, is observed to be attended with severe itching, hyperæmia, and fever, and to be transformed in many cases into a severe form of eczema, with repeated attacks, and thickened and rigid condition of the skin. Simple strophulus requires no treatment, *lichen agrius* only the local application of cold and the administration of purgatives, baths, salves of tar and potassa, and the internal use of arsenic. I will add the single remark, that this latter remedy ought nowhere to be used except where the cutaneous affection goes along with a great deal of infiltration and induration; in these latter cases it is invaluable.

Caillault, one of the latest authors on cutaneous diseases, comprehends under the head of strophulus, all the erythematous, papular, vesicular, and pustular forms of cutaneous affections occurring during the period of dentition, which disappear in a short time, prove very itching during their course, are observed on any part of the surface, and frequently complicated with intestinal affections. Its eruption is said to be often complicated with fever, which, if true, is easily explained by either the complication or the local irritation and itching. He is not at all particular concerning the memory of his unfortunate readers; the papular strophulus alone being subdivided by him into the forms of strophulus *intertextus*, and *albidus*, and *candidus*, and *volaticus*, and *confertus*. These subdivisions may be justified as proofs of philological learning, other authors having availed themselves of the same, or similar names, before his time, but there is one fact on which not enough stress can be laid, viz. the occurrence of this form of cutaneous hyperæmia and exudation, not only during the period of dentition, but also before and afterwards. You will find a great many cases in even newborn children, whose skin is particularly irritable.

As to *herpes*, which is an acute and typical disease, when observed in children, the assumption of its being a symptom of dentition is not sustained by anything. It is observed in a large number of feverish diseases, especially in intestinal affections, pneumonia, and intermittent fever; the vesicles raised are very small, superficial, surrounded by a red areola, and always found in groups.

Urticaria (hives) consists of flat and large elevations, mostly of the color of the skin. It depends on serous infiltration of the papillary layer of the cutis, and is mostly an acute affection. Its causes are in no direct connexion with dentition, adults suffering from the same affection when laboring under gastric disorders; and females, when affected with irritation of the uterus, during pregnancy, menstruation, and uterine diseases, or even during the presence of a pessary in the vagina. Other causes are: local irritation by scratching, nettles, rhus toxicodendron and other euphorbiaceæ, some caterpillars and mollusca, fleas, mosquitoes, etc., the eating of strawberries, mushrooms, etc., in some persons, the use of copaiva; the presence of acute gastric catarrh from whatever cause, this latter giving the impression of a severe disease. But not the protrusion of

a tooth. Nor does it appear, that between urticaria as found in children, and again in adults, there is any remarkable difference, either in its external form and symptoms, or in its etiology.

It is true, as a general rule, that there are peculiarities in the diseases of the infantile skin, just as well as of other organs, and that the difference of ages even during infancy and childhood gives rise to a number of modifications in the form, color, etc., of cutaneous affections. But the pathological process itself is the very same, with the exception of the larger number of cutaneous affections in those ages, and of individual differences depending on either more or less irritability and impressibility of both system and skin. By this fact we are prevented from favoring the old assumption, lately again advocated by Caillault, of "diathesis" being the cause of the differences as to the forms and natures of cutaneous affections. At the same time we are enabled to answer the questions laid before you in the course of this lecture, in the following manner—that there is, between the protrusion of a tooth, and the appearance of the larger number of cutaneous diseases, no direct relation of causality; that they do not show themselves with the swelling of the gums; that they do not disappear with or after the final protrusion of a tooth or a group of teeth, and that they do not return with the renewed attempts of another tooth, or group of teeth, to break through the gums. Only those forms of cutaneous diseases scarcely deserving of the name, which depend on an occasional hyperæmia of the surface brought on by general feverish irritation, or the physiological injection of the blood-vessels of the head about this time, are observed during the periods of dentition. They, and the absence of correct diagnoses generally, and the frequency of skin affections in this early period of life, are the reasons of the long continuance of the old assumption of a connexion between external diseases and dentition.

To what extent this is true, I shall finally show by some more extensive remarks on two cutaneous affections very common in infantile age, viz. eczema and impetigo. They are deserving of our particular attention, for their frequent occurrence, the difficulty in removing them, their frequent returns when cured, and their real or assumed connexion with the physiological and pathological condition of the teeth, brain, and system.

Original Communications.

SULPHURIC ETHER AS AN ANÆSTHETIC IN MILITARY SURGERY.

By FREDERIC D. LENTE, M.D.,
OF COLD SPRING.

I SEND the following notes of the effects of sulphuric ether in military surgery as an appendix to the account of the Mill Creek Hospital, published in a previous number. The cases were not selected, but are such as we happened occasionally to have time and opportunity of noting accurately by the watch. In some of the cases, also, the ether was administered by those who had not previously had much experience in its use. Its effect was so prompt and unexpected to many that I was asked, on more than one occasion, if chloroform had not been mixed with the ether. It was, however, used in all cases just as it was furnished by the hospital steward from Squibb's package. At first, it was a question among the surgeons as to what anæsthetic should be selected; but, after ether had been tried a few times, no better anæsthetic was desired, and no other was used except on one occasion, through a mistake of the steward, on which occasion the patient was with some difficulty resuscitated, chloroform having been given with the usual freedom of sulphuric ether.

Trephining, time two and a half minutes, quantity an

ounce and a half. Amputation of thigh, time five minutes, two ounces. Extraction of ball from head of tibia, two minutes, seven drachms. Amputation of thigh, two and a half minutes, ten drachms. Large incision of knee-joint, searching for ball, four minutes, twelve drachms. Amputation at knee-joint, three minutes, two ounces. Incision of infiltrated scrotum, half a minute, six drachms. Exsection of shoulder-joint, one minute ten seconds, ten drachms. Exsection of humerus, one minute two seconds, six drachms. Amputation of thigh, three minutes, twelve drachms. Amputation of thigh, four minutes, twelve drachms. Counter-opening in knee-joint, extraction of ball, three minutes, twelve drachms. Searching for ball in the thigh, large incision, three minutes, two ounces.

The above operations were witnessed by many well known surgeons of the State of New York. The time was noted in the first cases by Dr. Thomas C. Brinsmade of Troy, in the others by Dr. Wolcott of Utica, and by myself, occasionally by another surgeon. The ether was generally either administered by Dr. McLean of the 2d N.Y.V., who had always previously used chloroform, but who quickly perceived the advantage of ether, when properly administered; or by myself. Dr. Brinsmade administered it occasionally; Dr. Kissam, of Brooklyn, also.

It is evident, from the effect of the ether in the above cases, and in others where the time was not accurately noted, and is therefore not given, that it is even more efficient as an anæsthetic in military than in civil surgery; the very rapid absorption being probably due to the depressed and feeble condition of the patients. The last case noted, however, is not of this kind. The officer had been wounded at Bull Run, and is now in full health; the ether was administered to him a few days ago at West Point. In all the cases, the inhaler made use of, and which I find more efficient than even the large cupped sponge, was formed by two coarse, stiff towels, folded lengthwise, laid together, and then rolled into a cone, with a handkerchief thrust into the bottom, to render it more shallow and increase the surface for the ether. This fits the face accurately, and effectually excludes all unnecessary air.

COLD SPRING, June 18, 1862.

IS IRIDECTOMY A NEW OR OLD OPERATION?

By JOHN O'REILLY, M.D., F.R.C.S.I.

OF NEW YORK.

What is Iridectomy?—By this term, in former times, was understood an operation instituted for the formation of an artificial pupil.

Who was the first to perform and recommend this Operation?—Cheselden performed and advised section of the iris for the formation of artificial pupil, in the year 1728.

Is Iridectomy performed at the present day, with the same idea as in the times of Cheselden?—No; De Graafie performs the operation of Iridectomy when he considers vision is impaired or destroyed, as a consequence of inflammation of the choroid membrane accompanied by glaucoma, or a disorganized state of the vitreous humor, with increased secretion of the aqueous humor, thus causing convexity of the cornea, together with almost complete closure of the pupil, thus precluding the entrance of the rays of light into the orbit, and consequently preventing the formation of the pictures of external objects on the retina, thus, in truth, rendering the individual blind.

Is the operation of Iridectomy performed, therefore, simply for the purpose of removing the over distended condition of the eyeballs, as stated by the German surgeons?—I believe the German authorities attribute the efficacy of the operation to the quantity of blood that is lost during the operation, as well as to the escape of the aqueous humor.

Is there any objection to this explanation?—Yes, if the operation were intended to accomplish the objects, solely, just specified, the relief could be at most only temporary, inasmuch as the wound in the iris would soon unite, and there would be nothing to prevent the membrane of the

aqueous humor resuming its functions, and consequently secreting the aqueous humor *de novo* in excess as it had done previous to the operation.

What then is the true explanation of the good effects resulting from the operation as performed by De Graaiffe?

—The operation is followed by an enlarged condition of the pupil, and consequently is better adapted for the proper admission of the rays of light to act on the retina.

Is De Graaiffe the first person who performed Iridectomy for closed pupils consequent on inflammation of the choroid membrane accompanied by glaucoma or a disorganized state of the vitreous humor?—No; In a case of ophthalmitis, where all the coats of the eye are implicated, there must be most assuredly choroiditis as well as inflammation of the hyaloid membrane; it therefore follows in a case of closure of the pupil consequent on inflammation of the eyeball, that the operation of iridectomy accomplished the same object, and is performed under similar circumstances to those under which De Graaiffe performs the operation of iridectomy. In the 2d Volume of the *Dublin Hospital Reports*, "Observations on the Operation for Artificial Pupil, by E. Ryan, M.D., senior Surgeon to the Kilkenny County Hospital, Ireland," the following remarks occur in reference to the case of Mary Bryan, aged 30, on whom he operated on the 15th July, 1813; whose sight had been impaired by a violent attack of ophthalmia, eleven years before, and who, for the last seven, had been deprived of the sight of both eyes, and could not distinguish the brightest daylight from night. The pupil of each eye was nearly obliterated, scarcely larger than a pin-head and motionless, its border was puckered, three-fourths of the iris *dove* or *fawn* color. Mr. Ryan remarks, in reference to this case: "This case has been selected as the most unfavorable that could present itself for the performance of the Cheselden operation, and yet none could prove more successful: the eyes were much sunk in the sockets; the vitreous humor was disorganized; the iris, from its full orange color, afforded ample evidence of previous high inflammation; the anterior chamber of the eye was much narrowed by the convexity of the iris and its near approach to the cornea; yet, with all these discouraging appearances, did the operation succeed perfectly, although the lens and capsule were designedly allowed to remain in the posterior chamber of the eye; the iris was divided almost completely across its diameters close to the ciliary ligament, a practice which I have *always* followed in such cases." Mr. Ryan remarks at the conclusion of the article, which was written five years after the operation, in 1818, that the case went on well.

It is evident there is a very strong analogy between the operation of Iridectomy as performed by the late Dr. Ryan, nearly fifty years ago, and that now so frequently performed by De Graaiffe and the *German surgeons*. In cases of myosis or in such cases where the pupil is contracted to the smallest possible point by continually looking at the smallest possible objects, it is rational to suppose that such cases should derive benefit from the operation of Iridectomy; the section of the iris would allow the rays of light to enter the orbit, precisely in the same manner as in the cases operated on by Mr. Ryan. There can be no doubt that a patient, such as a watch-maker, whose sight has become so impaired as to be unable to see any object; whose pupils are closed to the smallest possible diameter; who is suffering from myosis in its worst form; would be a better subject for performing the operation of Iridectomy on, than the case of Mary Bryan, operated on by Mr. Ryan, when there was palpable evidence that the whole eyeball had suffered from inflammation at a former period. De Graaiffe has the credit of performing Iridectomy or section of the iris, in cases which were deemed incurable, and has revived an operation or rather confirmed the propriety of the operation of Mr. Ryan, under the most discouraging circumstances. Mr. Ryan's contemplated the admission of the rays of light into the orbit; De Graaiffe's operation is followed by a similar result; therefore the principle of the operation as performed by Ryan and De Graaiffe is the same.

With respect to the convexity of the cornea and distended state of the eyeball in the cases operated on by De Graaiffe, it is to be remarked that where a person is continually looking at very small objects, the cornea is rendered convex by the action of the *recti muscles* as well as that the anterior part of the eyeball is rendered *full* and *prominent* by the action of the same muscles; the Iris is also spasmodically contracted by being kept *continually* contracted, in truth being irritated or held in a *strained* position for too great a length of time, precisely as the *sterno-cleido-mastoid* muscle becomes contracted in cases of wry neck or the *rectus* muscle in cases of strabismus all become spasmodically contracted. Section of the muscles is had recourse to, in this case, on the same *principle* as De Graaiffe's operation of Iridectomy, namely, for *relaxation* of the muscular fibres. As it may be said there is no analogy between a spasmodically contracted Iris, a spasmodically contracted *sterno-cleido-mastoid* muscle, and a spasmodically contracted *rectus* muscle, the question arises: Is there a circular muscle in any other place which becomes spasmodically contracted by irritation and continues so? Yes; the circular fibres of the intestinal tube become spasmodically contracted in the case of *intussusception* or invagination of the intestine; and an operation similar to Iridectomy, if practicable, would be the best expedient that could be adopted to obtain the necessary relief for the relaxation and dilatation of the contracted intestinal tube.

As it may be objected, as well as asserted that, as the cases operated on by De Graaiffe were characterized by glaucoma, and further as, according to Beer, glaucoma does not exist in cases of contracted pupil, the result of over-exercise or straining—my observations are not applicable, or made under a delusion; but as Beer says: "It is impossible to produce dilatation of the pupils by medicinal agents, and that consequently the disease must be set down as an incurable complaint."

Therefore I think Beer's observations show the necessity for the operation of Iridectomy, inasmuch as dilatation of pupils cannot be produced without it. With respect to the glaucoma, it is caused by a breaking up of the *areolæ* of the hyaloid membrane in which the vitreous humor is located. It can readily be conceived that the same cause which renders the cornea convex, the ball of the eye prominent, would break up the delicate structure of the *areolæ* formed by the hyaloid membrane; namely, the pressure caused by the action of the *recti* muscles or the exterior of the globe of the eye; the force exercised must act on the interior of the balls as well as anteriorly where the least resistance is opposed, namely, towards the cornea. In confirmation of this view of the matter, it is an anatomical fact that the vitreous humor is *firmer* anteriorly, where it is exposed to the influence of pressure in the manner specified. Again it is to be remarked, that undue pressure would cause the absorption of the *pigmentum nigrum* as well as prevent its secretion by the *membrana Ruychiana*. With respect to the varicose state of the veins of the choroid in glaucoma, as remarked by Mr. Guthrie, it is quite possible the venous blood may be retarded by the action of the *recti muscles*, which at their origin *surround* the optic nerve; their continued action must impede the return of the venous blood; the anatomical relations of the muscles in question, the optic nerve and veins explain the difficulty. In conclusion, I must observe that I have thrown out these hints with a view to bring the subject under the discussion of persons more competent to do it justice than I am.

220 WASHINGTON SQUARE SOUTH, NEW YORK, 10th June, 1861.

M. VAN KAMPEN relates by letter to the French Academy experiments performed by him on the nervous centres with chloroform. A few drops of this liquid brought into contact with the cerebrum or cerebellum of animals produce only *anæsthesia*; but when poured upon the medulla oblongata produce death; thus confirming the researches of M. Flourens.—*Brit. Med. Jour.*

Reports of Societies.

SURGICAL SECTION.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, April 25, 1862.

DR. JAMES R. WOOD, CHAIRMAN.

DISCUSSION ON TRACHEOTOMY IN CROUP.

DR. KRAKOWIZER said:—I propose, Mr. Chairman, to confine my remarks this evening exclusively to the technicism of the operation of tracheotomy in croup, and to the after treatment. There are many other points of interest and importance dwelt upon by the gentleman who has opened the discussion, which will bring to light the views and experience of the many members of this Section who have performed this operation. Indeed, there is no city in the world, with the exception of Paris, which could gather in one evening so large a number of surgeons familiar with the subject before us. Tracheotomy in croup has been performed in the two sister cities of New York and Brooklyn, to my knowledge, certainly two hundred and fifty times—oftener than in Great Britain and Ireland, oftener than in Germany. Our late fellow, Dr. W. von Roth, having made the operation forty-eight times, is outranked only by three or four Parisian surgeons in the number of tracheotomies performed. I, myself, have performed tracheotomy in croup thirty-one times; besides that, I have assisted in ten operations. Among such a number I could not but meet with nearly all the varieties and difficulties of the operation and after treatment, described by the authors. I have done the operation well, indifferently, and bunglingly. I can speak of my own merits and blunders; therefore, I think I have an experience and an independent opinion, not altogether worthless to communicate to others.

When physicians in a case of croup have made up their minds that the indication for tracheotomy exists, they ought to be very careful to state to the parents or relatives what the operation can do and what it cannot do. This is so much a matter of common sense that it is generally easy to make oneself understood. Yet, there is one point which I would caution younger practitioners; not to be too decided in what they promise. I have heard many physicians when arguing with the parents the necessity of the operation, tell them, that even if the child could not be saved, yet they would be spared the horrid sight to see it strangle, and that the child "would die easy." So I stated myself when my experience was limited, with a perfectly honest conviction. Yet, since I have been disappointed and heard the regrets of intelligent parents who have consented under a plea which was not verified, I have cast aside this fallacious argument. Most children operated upon, when not saved, after breathing easy for a longer or shorter time, have to enter again a stage of dyspnoea and asphyxia before agony sets in, far more distressing, and impressing itself far more painfully on the memory of those around them, than that which existed before the operation. The sawing sound of croupy respiration in its third and fourth stage, is nothing compared with the hissing of the air through the canula, when the smaller ramifications of the bronchial tubes are blocked up, and with the rattle in the canula and trachea if an operation is unsuccessful. Nothing more ought to be promised than that the access of air through the larynx being impeded, the operation can establish an artificial way for the entrance of air.

I will not waste the time of the Section by going into the details of the operation. I shall dwell mainly on points, the importance of which has been impressed upon me by actual observation and experience.

I coincide with Dr. Voss that the use of anæsthetics is of great help in the operation, and not more dangerous than in other surgical operations. Dr. W. von Roth used chloroform for the first time in this city, June 14, 1854. But I

believe that Snow, of London, preceded him. I have used it now eight times, and have seen it used four or five times, and never have I noticed any bad effect during the anæsthetic condition of the patient, nor was the result any other one than would legitimately belong to the case. In one instance, I desisted from continuing the inhalation, because the very refractory child struggled so hard against it, that the dyspnoea threatened to assume a dangerous degree. Where children are operated upon in the anæsthetic stage, being the result of accumulation of carbonic acid in the blood, there is no necessity of artificial anæsthesia. When a sufficient number of professional assistants is at hand, it may be indifferent whether you give chloroform or not. But when there are not enough or wanting, its use will certainly facilitate the operation to an immense degree. I may state here, in passing, that the use of chloroform, as preparatory to the operation of tracheotomy, dispels at once the erroneous theory upheld by the most recent authors, and refuted first by J. Niemeyer, that spasm of the vocal cords is a largely entering element in producing laryngo-stenosis besides the swelling of the mucous lining and the false membrane. If such were the case, during the artificial sleep the dyspnoea ought to diminish, which it does not perceptibly. In short, the question of using anæsthetics in this operation ought to be looked upon in this light, I believe: The attempt to administer them in a child with croup, of course, is resisted, and the dyspnoea is transiently increased, a thing not to be done without great counter-balancing benefit. This benefit, then, is the quietness of the patient during the operation.

In a child *not* under the influence of anæsthetics, the pain from the operation causes struggling, and thereby increase of dyspnoea. So, increase of dyspnoea will be met with, only in the second case probably during a longer period, and besides the shrugging of the shoulders, by the attempts to extricate itself by the increased fullness of the veins from crying, the operation is made more difficult and dangerous.

Although Guérans for himself may truly say, that for him tracheotomy in croup is not more than a phlebotomy, yet I find that it is but seldom an easy, and very often quite a difficult operation. Not only the restlessness of the patient, the rapid motions up and down of the larynx and trachea, the great distension of the veins make it so, the common symptoms too when we have to operate for laryngo-stenosis in adults, but to an equal degree, *the disproportion between the size of the surgeon's hands, and the child's neck.* I have, therefore, very early attempted to correct this, by making the instruments in size corresponding to the child's frame.

(To be Continued.)

American Medical Times.

SATURDAY, JUNE 28, 1862.

MEDICAL AND SURGICAL HISTORY OF THE REBELLION.

SURGEON GENERAL'S OFFICE,
WASHINGTON, June 9, 1862.

"It is intended to prepare for publication the Medical and Surgical History of the Rebellion.

"The Medical portion of this work has been committed to Assistant-Surgeon J. J. WOODWARD, United States Army, and the Surgical part to Brigade-Surgeon JOHN H. BRINTON, United States Volunteers.

"All medical officers are therefore requested to cooperate in this undertaking by forwarding to this office such sanitary, topographical, medical and surgical reports, details of cases, essays, and results of investigations and inquiries, as may be of value

for this work, for which full credit will be given in the forthcoming volumes.

"Authority has been given to both the above-named gentlemen to issue, from time to time, such circulars as may be necessary to elicit the desired facts, and the medical officers are desired to comply with the requests which may thus be made of them.

"It is scarcely necessary to remind the medical officers of the regular and volunteer services that, through the means in question, much may be done to advance the science which we all have so much at heart, and to establish land-marks which will serve to guide us in future.

"It is, therefore, confidently expected that no one will neglect the opportunity of advancing the honor of the service, the cause of humanity, and his own reputation.

"WILLIAM A. HAMMOND, *Surgeon-General, U.S.A.*"

The Director-General of the British Army states that when he was ordered to provide an adequate Medical Staff and the amount of stores likely to be wanted for hospital purposes by the Army, during the Crimean War, he was perplexed to know what would be required, and endeavored to determine by searching the records of the Department, and learning what were the wants of the Army during the Campaigns of Spain and Portugal. The search proved unproductive, as only two or three valueless documents were found, and he was finally obliged to rely upon his own unaided judgment. He came to the following very sensible conclusion:—"The doubts and indescribable anxieties which resulted from the absence of all details calculated to instruct, under the existing circumstances, led me early to determine that my successor should, provided I continued in office till the termination of the war, never have to encounter the many difficulties and perplexities which had fallen to my share." Such was the origin of the Medical and Surgical History of the British Army during the Crimean War, which will long remain one of the most valuable works on Military Surgery in the English language. Its topographical sketches, with maps, its minute records of the physical state and surrounding conditions of each regiment preceding and during the war, its detailed descriptions of the diseases which prevailed, and, finally, its records of the gunshot wounds, operations, etc., etc., render these volumes an inexhaustible storehouse of information for the student of Military Surgery.

Since our national independence we have passed through two wars, both of which furnished valuable experiences in Military Medicine and Surgery; but only the most meagre and unofficial records now remain. MANN's sketches give us some interesting particulars of the war of 1812, but only to make us feel keenly the loss the profession has sustained by the neglect of the Medical Bureau to collect and preserve the records of that war. The Mexican war was also suffered to pass without any attempt at an official history of its medical affairs. We have some aggregates of the sick and wounded; but no records which will enlighten the future medical historian. The experiences of our wars have as yet thrown no light upon Military Surgery. We are now in the midst of a war which has already revolutionized military science. Its influence on the Science of Military Surgery cannot even be surmised. How careful should we be to gather and preserve the fruits of this experience, so ample and so ripe, and transmit them to the future students of Military Surgery, and add them to the medical literature of the United States.

While we are not unmindful of the valuable Reports on the *Medical Statistics* of the Army which have been issued from

this Bureau, we must regard this comprehensive plan of SURGEON-GENERAL HAMMOND of collecting the materials for a Medical and Surgical History of the Rebellion, reducing them to form, and issuing them in separate volumes, as inaugurating a new era in the Medical Department. The profession will look on the undertaking with great favor, and we hail it as the first fruits of that reform which has placed at the head of the staff a thoroughly scientific and accomplished medical officer. If the country should reap no other additional advantage from the reorganization of the Medical Department, than this historical record, it will compensate for all the effort required to effect the change. The preparation of the history has been intrusted to very able hands. ASSISTANT-SURGEON WOODWARD, to whom is assigned the Medical portion of the work, is favorably known to the profession by his contributions to periodical literature, and especially by his elaborate and interesting papers on the histology of cancer; BRIGADE-SURGEON BRINTON, who has charge of the Surgical part of the history, brings to his task a mind well trained by previous study and experience for this special labor.

We must remind our readers in the Medical Staff of the Army that the intrinsic value of this projected history rests in a great degree with them; from them all the materials are to be derived, and upon the accuracy and completeness of their individual records will depend the perfection of this great national work. Every surgeon in the service, whether in hospital or the field, should keep full and accurate notes of his experience, and forward them to their proper destination. With those engaged in the field, who often see their patients only during an operation, there is a difficulty about keeping records. The cases operated upon immediately pass from their observation, are transported to hospitals, and subsequently, perhaps, pass through several hospitals. About a year ago we proposed a plan of supplying this defect in the history of cases, which seems to us practical. We repeat it, in the hope that it may suggest a system of note-taking which will make the records of cases accurate and complete.

"It is worthy of consideration, whether a code of signs cannot be adopted, by means of which the surgical history of each case can be written with a pencil of nitrate of silver upon some parts of the cutaneous surface, to be transcribed and rendered by the hospital surgeon who receives it."

THE WEEK.

ASSISTANT-SURGEON JONA. LETTERMAN has been appointed MEDICAL-DIRECTOR of the Army of the Potomac. This is one of the most important positions, just at this time, in the Medical Staff of the Army. The letter of the SURGEON GENERAL (in another column) on making this appointment, gives ample and most gratifying evidence that the present Chief of the MEDICAL BUREAU is fully alive to the responsibilities of the medical service of the Army, and that a strong will and master-hand will hereafter control the duties and destinies of that Department of Government. It will be noticed, that this appointment is made, not on account of seniority, but because the appointee has shown his qualifications for the post by previous important services. This is hereafter to be the guiding principle in the selection of officers for important trusts in the Medical Service of the Army.

THE retirement of DR. TRIPLETT from the position of Medi-

cal Director of the Army of the Potomac cannot be passed by without notice. Since the unfortunate battle of Bull Run Dr. TRIPLER has held this most important and responsible post, and has given to the discharge of its duties the well directed energies of an experienced mind. To arrange and systematize the medical affairs of this large department, both in camp and in field, has required constant and excessive labor amid a thousand annoyances and perplexities. But these difficulties have all been overcome, and to-day the Army of the Potomac has a better medical provision than any army in the world. In retiring from this position, we believe Dr. TRIPLER will carry with him the warm sympathies and kindest wishes for his future happiness of the Medical Staff of the Army, and of the volunteer surgeons who have served under his orders.

DURING the past week the law against swill-milk dealing in this city was enforced. A large number of milkmen were arrested, all of whom pleaded ignorance of the law, and after being suitably reprimanded were discharged with the promise, if again arrested for the same offence, they would be dealt severely with.

Army Medical Intelligence.

LETTER FROM THE SURGEON-GENERAL TO SURGEON LETTERMAN, MEDICAL DIRECTOR OF THE ARMY OF THE POTOMAC.

SURGEON-GENERAL'S OFFICE,
WASHINGTON CITY, June 19, 1862.

SIR:—You are detailed for duty with the Army of the Potomac as Medical Director.

In making this assignment, I have been governed by what I conceive to be the best interests of the service. Your energy, determination, and faithful discharge of duty in all the different situations in which you have been placed during your service of thirteen years, determined me to place you in the most arduous, responsible, and trying position you have yet occupied.

On the eve of your departure, I desire to place before you some of the main points which should engage your attention.

You should satisfy yourself that the medical supplies are in proper quantity and of good quality, and that each regiment has its full allowance, and you will hold the senior medical officer to a strict accountability for any deficiency. The time has passed when the excuse of "no supplies" will be accepted.

2. You will lay before the officers of the Quartermaster's Department your necessities in regard to transportation, and communicate freely with the General commanding relative to those things in which he is able to assist you.

3. You will require all medical officers to be attentive and faithful in the discharge of their duties, and you will report instantly to the General commanding and to this office all cases of dereliction.

4. You will, in conjunction with Assistant-Surgeon Dunster, United States Army Medical Director of transportation, arrange for the safe, effectual, comfortable, and speedy transportation of such sick and wounded as in your opinion should be removed from the limits of the army to which you are attached. You will have in mind, however, the provision of General Orders No. 65, relative to the transportation of troops, and you will therefore, as far as possible, provide for these cases at such points in your vicinity as may seem best adapted to the purpose.

5. You will hire such physicians, nurses, etc., as you may require, and as you can obtain on the spot, making known to me immediately your deficiencies in those respects at the earliest possible moment, so that I can supply you.

For the full performance of all these duties, you are authorized to call directly on the Medical Purveyors in Washington, Baltimore, Philadelphia, and New York, who will be directed by letter what you have ordered, and of whom; and you are to furnish you with everything you may ask for, regardless of supply tables or forms. You will only be required to notify me, desired to correspond frequently with me, and to make known such wants as can only be filled by my requisitions on the several Bureaus here, or through the orders of the Secretary of War.

And now, trusting to your possession of those qualities without which I should never have assigned you to this duty, I commit to you the health, the comfort, and the lives of thousands of our fellow-soldiers, who are fighting for the maintenance of their liberties.

I am, Sir, very respectfully, your obed't serv't,

WM. A. HAMMOND, Surgeon-Gen., U. S. A.

Ass't-Surgeon JONA. LETTERMAN, Medical Director Army of the Potomac.

SURGEON-GENERAL'S OFFICE, June 5, 1862.

THE Secretary of War having authorized in certain cases the employment of civilians as cooks and nurses for duty in General Hospitals (only), the following rules and instructions are published for the information of all concerned:

REGULATIONS FOR THE HOSPITAL CORPS OF THE UNITED STATES ARMY.

The men of the Hospital Corps will receive each \$20.50 per month, besides clothing, rations, and medical attendance.

They will be under military discipline, and subject only to the orders of the Medical authorities, and will wear the undress uniform of a private soldier, with a green half chevron on the left forearm.

Their duties will be either nursing the sick and wounded of the Army in Hospitals, cooking, or any other duties with the sick at the discretion of Medical Officers.

They will be divided into squads of eleven, one of whom will be responsible for the efficiency of the rest. One squad will be allowed to every one hundred patients.

At the usual roll-calls, the chief of the squad will answer for the rest to the Hospital Steward, who will thus learn the number of vacant beds in each ward, and all other particulars concerning the condition and wants of the hospital, which he will report to the Medical "Officer of the Day." The term of the service of the Hospital Corps will be according to the necessities of the service, or during good conduct.

The amount of pay and clothing received by each nurse, with date, will be recorded on their contract, which will be as a Descriptive List to go with the nurse.

The senior Medical Officer in charge will make a monthly pay roll of the Hospital Corps similar to Form 12, Medical Regulations, except the rank and designation, and transmit the same for payment to the nearest Medical Disbursing Officer.

Surgeons in charge of General Hospitals, when so authorized, may make contracts with persons for such service according to the provisions set forth herein.

WILLIAM A. HAMMOND, SURGEON-GENERAL.

NOTE.—It is hereby enjoined upon all Medical Officers that they shall not avail themselves of this special authority of the War Department without first receiving permission of the Surgeon-General to do so, on making a full statement of the facts in the case, and clearly setting forth the reasons why the permission should be granted, except in cases of immediate necessity and urgency, and then the Commanding Officer must approve. In such exceptional cases the facts will be promptly reported to the Surgeon-General with the necessary explanations, together with a request that permission be given to continue the employment if the necessity still exists.

The Hygeia Hospital at Fortress Monroe is to be broken up, and the patients transferred to a more healthy and convenient place. An order will also be made to discontinue sending sick and wounded to Yorktown. There are now at that post nearly fifteen hundred, and the accommodations are very inferior and the water unhealthy.

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DEATHS.

HINMAN.—At his residence in Brooklyn, N. Y., RICHARD H. HINMAN, M.D., Surgeon to the First Regiment Long Island Volunteers, of fever contracted in camp.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 16th day of June to the 22d day of June, 1862.

Deaths.—Men, 83; women, 71; boys, 98; girls, 84—total, 341. Adults, 159; children, 182; males, 186; females, 155; colored, 4. Infants under two years of age, 123. Children reported of native parents, 19; foreign, 885. Among the causes of death we notice:—Apoplexy, 4; infantile convulsions, 24; croup, 8; diphtheria, 17; scarlet fever, 12; typhus and typhoid fevers, 10; consumption, 56; measles, 2; droopy of head, 10; infantile marasmus, 17; cholera infantum, 10; inflammation of brain, 8; of bowels, 6; of lungs, 16; bronchitis, 5; congestion of brain, 11; of lungs, 8; diarrhoea and dysentery, 30; whooping cough, 1. 178 deaths occurred from acute disease, and 85 from violent causes. 319 were native, and 122 foreign; of whom 68 came from Ireland; 50 died in the City Charities; of whom 3 were in the Bellevue Hospital, and 9 died in the Emigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

June 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind	Mean amount of cloud.	Humidity Sat'ion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
15th.	30.00	.25	58	48	70	8	15	NE. to S.W.	5	538
16th.	30.24	.25	58	46	70	10	17	N.W.	04	444
17th.	30.00	.18	63	48	76	9	17	NW to SW	0	530
18th.	29.70	.80	68	56	81	7	11	S.W. to S.E.	8	640
19th.	29.60	.15	70	60	80	9	14	W. to S.	4	580
20th.	29.86	.30	62	55	72	6	10	W. to S.	5	660
21st.	30.00	.10	68	56	80	12½	18	W. to S.W.	1	390

REMARKS.—15th, Rain A.M., clear P.M. 16th, Clear, very dry, fresh wind. 17th, Clear, fresh P.M. 18th, V.M. A.M., sultry; rain commenced at 8½ P.M., flood at 10 P.M. 19th, Variable sky. 20th, Cloudy A.M. 21st, Fresh wind A.M., very dry day, cloudy late P.M. Rain for the week, in. 7; for the week ending June 14th, in. 1.2.

SPECIAL NOTICES.

NEW YORK ACADEMY OF MEDICINE.—*The discussion on "Pelvic Hematocoele" having been postponed at the last meeting of the Academy, it will be resumed on Wednesday, July 3d. After which, DR. NOEGGERATH will read a paper on "Peri-Uterine Hematocoele."*

SECTION OF SURGERY AND SURGICAL PATHOLOGY.—*The Stated Monthly Meeting of the Section on Surgery and Surgical Pathology, will not take place as previously announced in this Journal—due notice will be given of the next meeting.*

Lectures on Ophthalmic Surgery.—

DR. JULIUS HOMBERGER, will give a Course of Lectures on the *Practice and Theory of Operations on the Eye*. Each student will have an opportunity to perform every operation several times on the eyes of animals.

For further information, apply to DR. HOMBERGER, at his Office 24 West Twelfth Street, in the forenoon before 11 o'clock.

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To the Medical Profession.—Dr. I.

Parrot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 19 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., Editor.



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Medical Storekeepers.—The follow-

ing extract of an Act of Congress in relation to the appointment of Medical Storekeepers is published for the information of persons desirous of applying for such a position:

AN Act to authorize the appointment of medical storekeepers and chaplains of hospitals.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Secretary of War be authorized to add to the medical department of the army medical storekeepers, not exceeding six in number, who shall have the pay and emoluments of military storekeepers in the quartermaster's department, who shall be skilled apothecaries or druggists, who shall give the bond and security required by existing laws for military storekeepers in the quartermaster's department, and who shall be stationed at such points as the necessities of the army may require: *Provided*, That the provisions of this act shall remain in force only during the continuance of the present rebellion. Approved, May 20, 1862.

II. The following are the regulations which will govern the appointment of medical storekeepers under the first section of the foregoing Act of Congress:

1. A board of not less than three medical officers will be assembled by the Secretary of War, to examine such applicants as may, by him, be authorized to appear before it.
2. Candidates, to be eligible to examination, shall be not less than twenty-five years nor more than forty years of age; shall possess sufficient physical ability to perform their duties satisfactorily; and shall present with their applications satisfactory evidence of good moral character.
3. Candidates will be required to pass a satisfactory examination in the ordinary branches of a good English education, in pharmacy and materia medica; and to give proof that they possess the requisite business qualifications for the position.
4. The board will report to the Secretary of War the relative merit of the candidates examined, and they will receive appointments accordingly.
5. When appointed, each medical storekeeper will be required to give a bond in the amount of \$40,000 before he shall be allowed to enter on the performance of his duties.

By order of the Secretary of War:

L. THOMAS, ADJUTANT GENERAL.

A Board of Medical Officers for the examination of applicants will be convened in the city of Washington on the first day of July, to continue in session one month.

Applications to appear before the Board should be addressed to the Secretary of War.

Surgeon-General's Office, June 5, 1862.

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